

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Elvira Andrews*

Died at *Arlington* Town *Balto* County

MARYLAND

Date of death *1905* Month *Dec* Day *29* Age *29* Years Months *3* Days *29*

Sex *Female* Color or Race *White* Birth-place *West. Arlington*

Occupation _____ Where Residing if not at place of death *Arlington*

Married, Single or Widowed. *Single* Name of Wife or Husband _____

Father's Name *Mr B Andrews* Father's Birthplace *Baltimore*

Mother's Maiden Name *Mary Ellen Magliet* Mother's Birthplace *Lutherville*

Name of person giving information *William B Andrews* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Meningitis* How long *about*

Immediate *Convulsion* How long *1/2 hour*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *W. B. Andrews*

Address *Arlington*

Accident or Suicide? ☐

Jos B Cook
Western Cemetery

Name
in
Full

Bernard Appel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boston</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Dec.</u> <small>Day</small> <u>14</u>		Age <u>2</u> <small>Years</small>		<u>3</u> <small>Months</small> <u>—</u> <small>Days</small>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Bernard Appel</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Amin M. Anderson</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving Information <u>Bernard Appel</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneum. Congest. of liver, jaundice</u>	How long <u>2 weeks</u>
Immediate <u>Convulsions</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. W. Lawrence, M.D.</u>
	Address <u>1013 Canton St.</u>
Accident or Suicide? <u>—</u>	

St. Alphonsus Cemetery

Dec. 16th 1905

Germanus France

Undertaker

Name
in
Full

Eliza H. Annot

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fowson		County Baltimore		MARYLAND	
Date of death 1905	Month Dec	Day 21	Years Age 81		Months		Days
Sex Female		Color or Race White		Birth- place Harford Co			
Married Single or Widowed				Occupation None			
Name of Wife or Husband James A. Annot							
Father's Name Walter Walters				Father's Birthplace Harford Co			
Mother's Maiden Name Mary Kennard				Mother's Birthplace Harford Co			
Name of person giving In formation William M. Wistean				How related to deceased Son-in-Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	Eight years
Immediate	Heart failure & dropsy	How long	Seven years
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Lane	
Address		Fowson	
Accident or Suicide?			

E H Kutz
Fairbairns
Md

Wm Watters Memorial Church
Leopoldtown Md

Name
in
Full

Augustus Bailey

CERTIFICATE OF DEATH

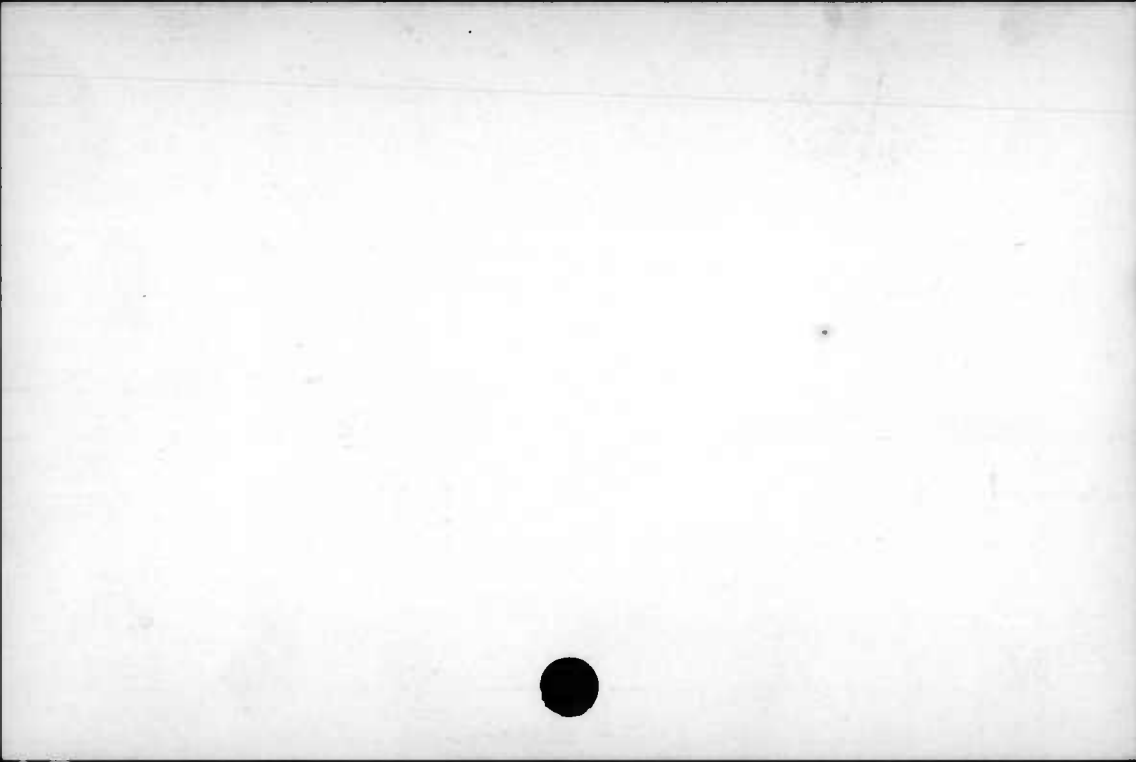
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Union</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec.</i>	Day <i>8</i>	Age <i>56</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balt. Md</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Christiana Bailey</i>				
Father's Name <i>George Bailey</i>			Father's Birthplace <i>Balt. Md</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Christiana Bailey</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Dropsy</i>	How long <i>6 months</i>
Immediate <i>Multiple Oedema & Emphysema</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lansdowne. Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Helena</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1903 Dec 25</i>		Age <i>43</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Baltimore</i>		
Occupation		Where Residing if not at place of death <i>St Helena</i>			
Married, Single or Widowed <i>M</i>	Name of Wife <i>Georgeanna Miller</i> <small>Husband</small>				
Father's Name <i>Samuel Baldwin</i>	Father's Birthplace				
Mother's Maiden Name <i>Lizzie Barriman</i>	Mother's Birthplace <i>Balto. Co.</i>				
Name of person giving information <i>Georgeanna Baldwin</i>		How related to deceased <i>wife</i>			
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	<i>Exposure</i>	How long <i>7 hrs</i>
Immediate	<i>yes</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Fred. L. Pfeffer</i>
		Address <i>1218 First St Balto Co Md</i>
Accident or Suicide? <i>accident</i>		

~~W. A.~~ Cannel bean

J. Herwig & Son

Name

in
Full

Mabel Beaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Helena</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec.</i>		Day <i>14</i>		Age <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Summit Street Bldg.</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Frederick Beaman</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mary E. Carlisle</i>				Mother's Birthplace <i>Washington D.C.</i>			
Name of person giving information <i>Mrs. Geo. M. Clelland</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Meningitis</i>	How long	<i>4 days</i>
Immediate	<i>Acute Meningitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>F. C. Eldred M.D.</i>	
		Address	
		<i>Summit Street</i>	
		<i>Md.</i>	
Accident or Suicide?			

Ebnereser beam.
Chase. Md.
J Herwig & Son
12/17/05-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>12</i>	Day	<i>7</i>
Age		<i>60</i>	Years	Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>House Wife</i>		Where Residing if not at place of death <i>Arlington</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Ernest Beck</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>—</i>		Mother's Birthplace <i>—</i>		
Name of person giving information	<i>Ernest Beck</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis.</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion.</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Edwin E Jones</i>
		Address	<i>Arlington Md.</i>
Accident or Suicide?			

E. D. Selby & Co.

Pleasant Hill.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monel Park</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>190</i>	<i>Dec</i>	<i>30</i>	<i>25</i>	<i>11</i>	<i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Md</i>			
Occupation <i>Garment Maker</i>	Where Residing <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret Becker</i>				
Father's Name <i>John M. Becker</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Katherine</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Margaret Becker</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>9 mo</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W B Hall</i>
	Address <i>mt mman</i>
Accident or Suicide?	

Fickner & Son
London Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Beyer</i>		Town <i>Canton</i>		County <i>Balto</i>		MARYLAND	
Died at		Month <i>Dec.</i>		Day <i>20</i>		Years <i>58</i>	
Date of death <i>1905</i>		Months <i>10</i>		Days <i>28</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie M. Beyer</i>					
Father's Name <i>Not Known</i>		Father's Birthplace					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace					
Name of person giving In formation <i>Annie M. Beyer</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>		How long <i>probably after lunch</i>	
Immediate <i>heart failure</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>1023 Canton St</i>	
Accident or Suicide?			

Oak Lawn Cemetery
H. Sander & Sons

Name
in
Full

Mary Q Bollman

CERTIFICATE OF DEATH

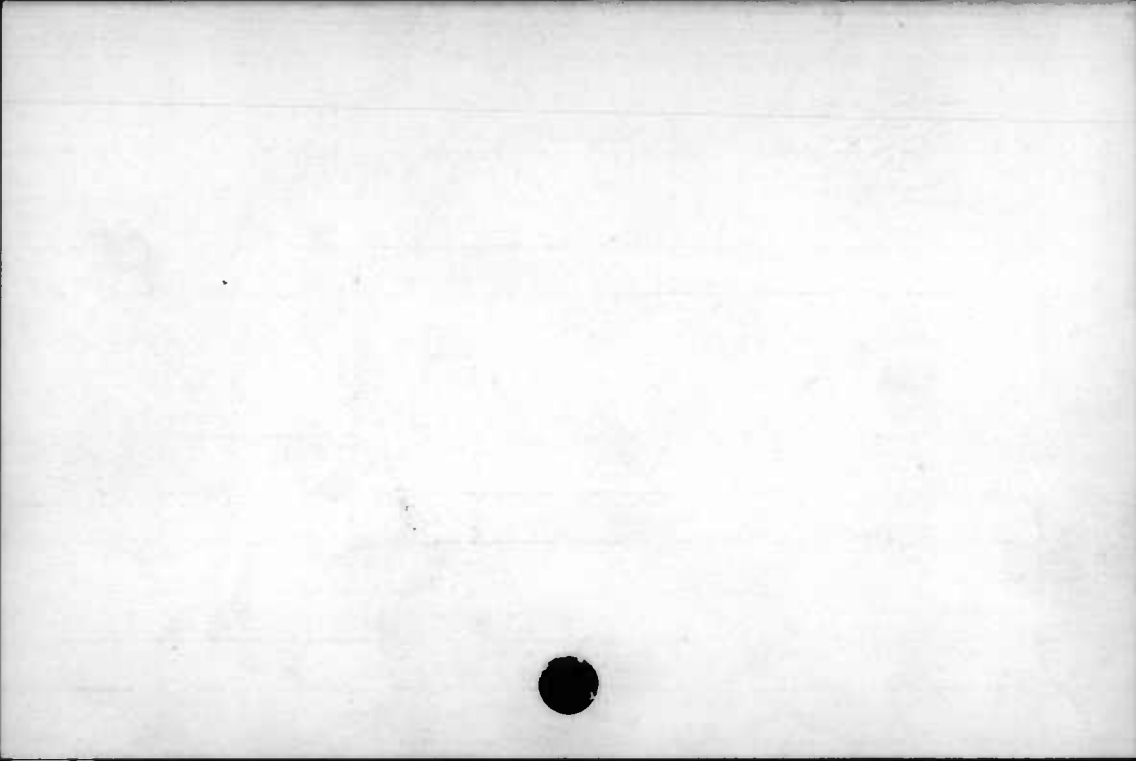
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Washington</i>		Town <i>Balt.</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>12</i>	Day <i>6</i>	Age	Years <i>3</i>	Months <i>8</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name <i>J. Wendel Bollman</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Catherine H. Kennard</i>			Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>J W Bollman</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croupous Laryngitis</i>	How long <i>8 hr</i>
Immediate <i>Asphyxia</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E H Beeton M.D.</i>
	Address <i>Int Washington</i>
	<i>Md.</i>
Accident or Suicide?	



Name in Full		Leo Francis Boner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton		Balto		MARYLAND	
	Date of death	1905	Month Dec.	Day 22 nd	Age	Years	Months 4
	Sex	Male		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Balto Co.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Alexander J. Boner.				Father's Birthplace	Ireland
	Mother's Maiden Name	Catharine A. Cotter.				Mother's Birthplace	Balto Co.
Name of person giving information	Alexander J. Boner.				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tubercular Meningitis				How long	3 weeks
	Immediate	As theuma				How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	M. J. McAvoy M.D.	
	Address				839 S. Cantonment Balto Md.		
Accident or Suicide?							

Germanus France

Dec 24th 1905

Sacred Heart Cemetery

Name
in
Full

Martha W. Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

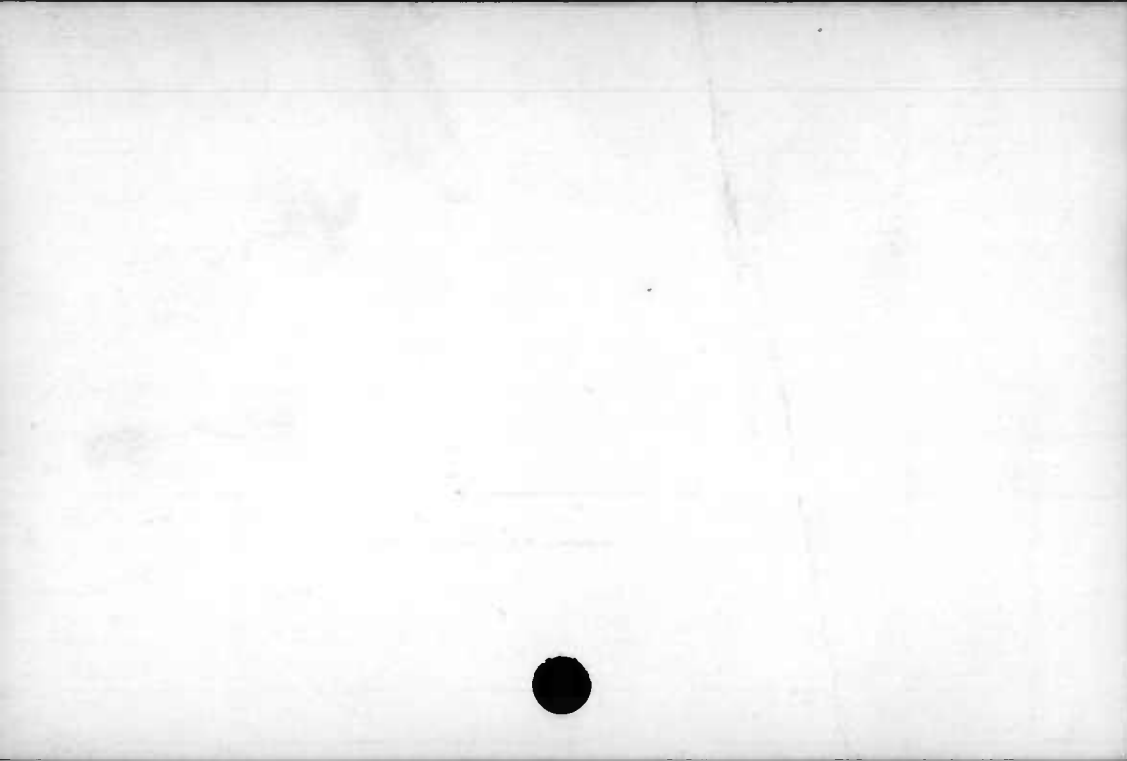
Died at <i>Baltimore</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death <i>1905 Dec 27</i>		Month <i>Dec</i>		Day <i>27</i>		Years <i>75</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto.</i>		Months <i>6</i>	
Occupation <i>_____</i>		Where Residing if not at place of death <i>residence</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>James W. Brady</i>					
Father's Name <i>Richard C. Mason</i>		Father's Birthplace <i>Mass.</i>					
Mother's Maiden Name <i>Marg. M. Marlow</i>		Mother's Birthplace <i>Mass.</i>					
Name of person giving information <i>Matth M. Funkhouser</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Thomas Shearer</i>
<i>Mrs Martha W Brady</i>	Address <i>1034 Franklin St Baltimore</i>
Accident or Suicide?	





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Thomas Wilson Bull of J</i>		Town <i>Consett</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Consett</i>		Month <i>Dec</i>		Day <i>27</i>		Years <i>65</i>	
Date of death <i>1905</i>		Months <i>1</i>		Days <i>1</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Elizabeth</i>					
Father's Name <i>James Bull</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>B L Bull</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>		How long <i>3 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. Ross Payne M.D.</i>	
		Address <i>Consett</i>	
Accident or Suicide?		<i>Md.</i>	



Name
in
Full

Dysic Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied ^{near} ~~at~~ ^{Town} Wright's old mill

County Baltimore

MARYLAND

Date of death 1905 Dec

Day 25

Age 80

Months

Days

Sex Male

Color or
Race

Colored

Birth-
place

Balt. Co., Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Rogers

Father's
Name

Dysic Campbell

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Margaret Campbell

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Asthemia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

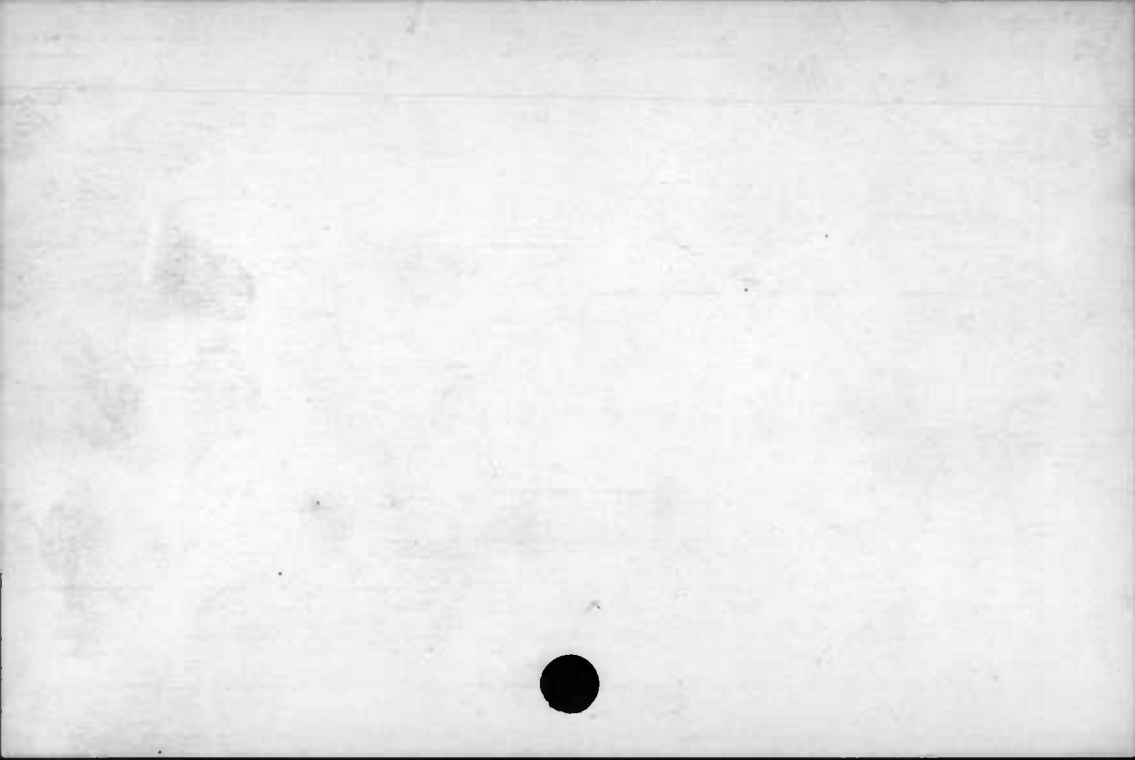
Signature
Physician

Address

Wm. Blawie

Albion, Md.

Accident or Suicide?



Name in Full		Frances M. Campbell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Green Spring Valley		County Baltimore		MARYLAND
	Date of death	1905	Month -12-	Day -13-	Age 46	Years -4-	Months -14-
	Sex	Female		Color or Race	White		Birth- place
	Occupation	None		Where Residing if not at place of death		At Place of Death	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	James Smallet Campbell				Father's Birthplace	Scotland
	Mother's Maiden Name	Ann Vernon				Mother's Birthplace	Ireland
Name of person giving In formation	J. Vernon Campbell				How related to deceased	Brother.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cancer of Stomach				How long	10 months - 4 weeks
	Immediate	Gastric hemorrhage				How long	2 weeks.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Charles O'Donovan	
					Address	10 E. Reed St -	
Accident or Suicide?		No -					

H. W. Meade.

Guernsey

Name
in
Full

E. W. S. Choate

CERTIFICATE OF DEATH

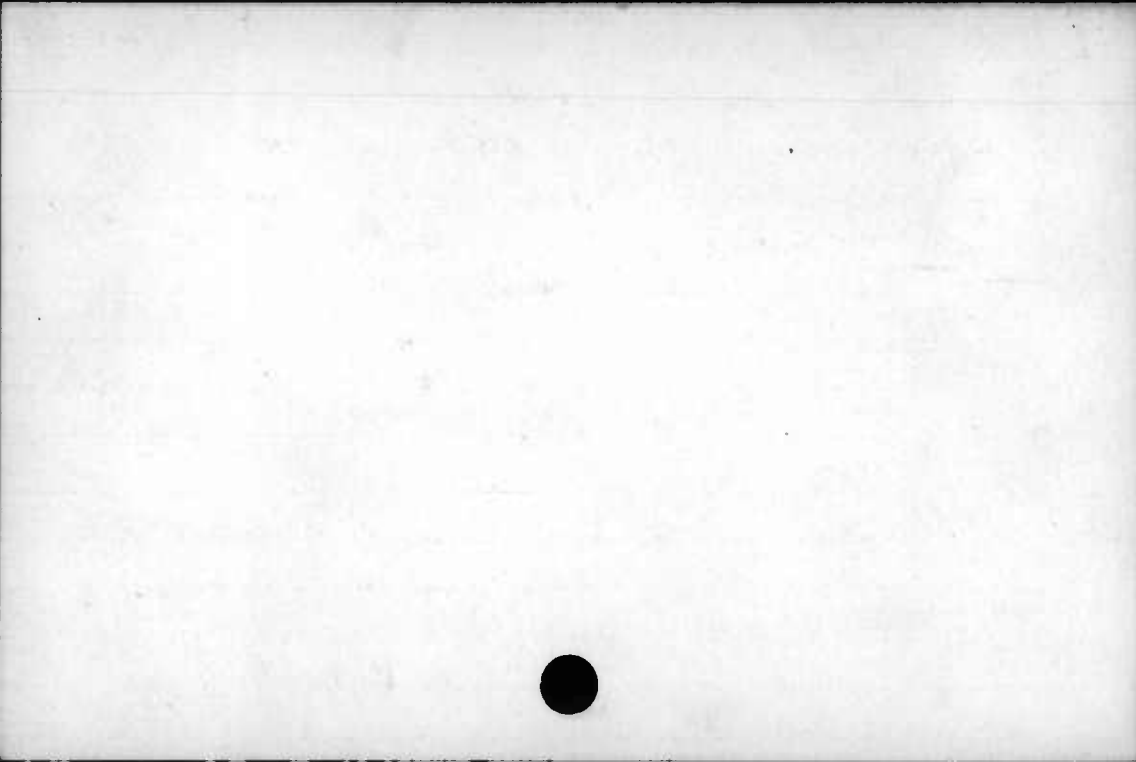
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Randallstown		County Baltimore		MARYLAND	
Date of death	1905	Month	12	Day	11	Age	63
				Years	63	Months	5
				Days	9		
Sex	Male		Color or Race	White		Birth-place	Md
Occupation	Farmer			Where Residing if not at place of death Randallstown			
Married, Single or Widowed	Single			Name of Wife or Husband Maggie Shipley			
Father's Name	Richard Choate				Father's Birthplace	Balto. Co.	
Mother's Maiden Name	Ann Jane Pearce				Mother's Birthplace		
Name of person giving information	W. P. Choate, Sr.				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephrosin of liver & Phthisis		How long	27 years or more
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician H. Louis Taylor	
			Address P. Newville	
			Mid	
Accident or Suicide?				



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

December

12

Age

69 1/2

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Buccler & Ashe Proprietor

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Married

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Mrs E Cone

How related
to deceased

CAUSES OF DEATH

Primary

No work as general bookkeeper

How long

Immediate

Coronal Heart Disease

How long

One Week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. E. Gandy
Catonville

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

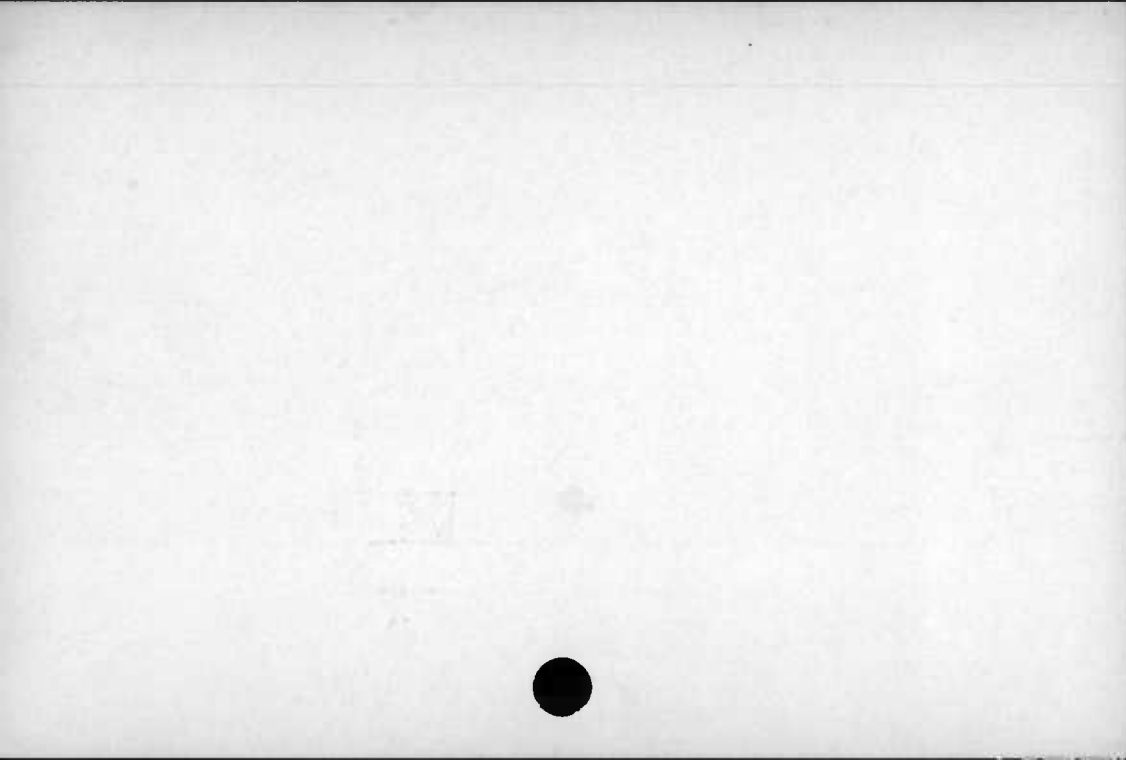
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Reformatory</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Dec</i> ^{Day} <i>27</i> ^{Years} <i>73</i>	^{Months} <i>unknown</i> ^{Days} <i>unknown</i>		
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ireland</i>	
Occupation <i>Religious - Sister of Charity</i>	Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reads of Mt Hope</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>3 or 4 days</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery MD</i>
	Address <i>Mt Hope Reformatory - Baltimore Co - Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Mary Taylor Crocker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charles St. ave</i>		Town <i>Balto</i>		County <i>Co</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>19</i>	Age <i>68</i>	Years	Months	Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>none</i>							
Father's Name <i>Emanuel Crocker</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Kamiet Griffith</i>				Mother's Birthplace <i>Pennal</i>			
Name of person giving information <i>E. G. Crocker, Charles St. ave</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Perniciou Anemia</i>	How long <i>9 months</i>
Immediate	<i>—</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>A. Lane Taneyhill MD</i>
		Address <i>1103. Madison, ave</i>
Accident or Suicide?	<i>—</i>	

Evans & Spence

Greenmount Cemetery

Name
in
Full

Charles Albert Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson (Baltimore)</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	190 <i>4</i>	Month <i>Feb</i>	Day <i>2</i>	Age <i>15</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Und.</i>			
Occupation <i>Schoolboy</i>	Where Residing if not at place of death <i>Regester Ave</i>				
<input checked="" type="checkbox"/> Single		<input checked="" type="checkbox"/> Name of Wife or Husband <i></i>			
Father's Name <i>David R. Day</i>	Father's Birthplace <i>Und.</i>				
Mother's Maiden Name <i>Mattie E. Miller</i>	Mother's Birthplace <i>Und.</i>				
Name of person giving information <i>Stanley Day</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia + Appendicitis</i>	How long <i>2 Months</i>
Immediate <i>Typhoid (Auto-infection)</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Bayston Chumley</i>
	Address <i>Towson Und.</i>
Accident or Suicide? <i></i>	

^{D. 188.}
Gorans, Cem.

John Burrus & Sons
Lowson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martin De Baer

Town

County

Died at

Sh. Davis

Baltimore Co

MARYLAND

Date

1905

Month

Dec.

Day

9

Age

Years

22

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Baths. Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Jacob De Baer

Father's
Birthplace

Holland

Mother's
Maiden Name

Emma Cohen

Mother's
Birthplace

Germany

Name of person giving
information

Harry H. De Baer

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Epilepsy
acute Mania

How long

10 yrs

Immediate

How long

2 yrs.

Are the name, age, sex, color, date
and place correctly given above?

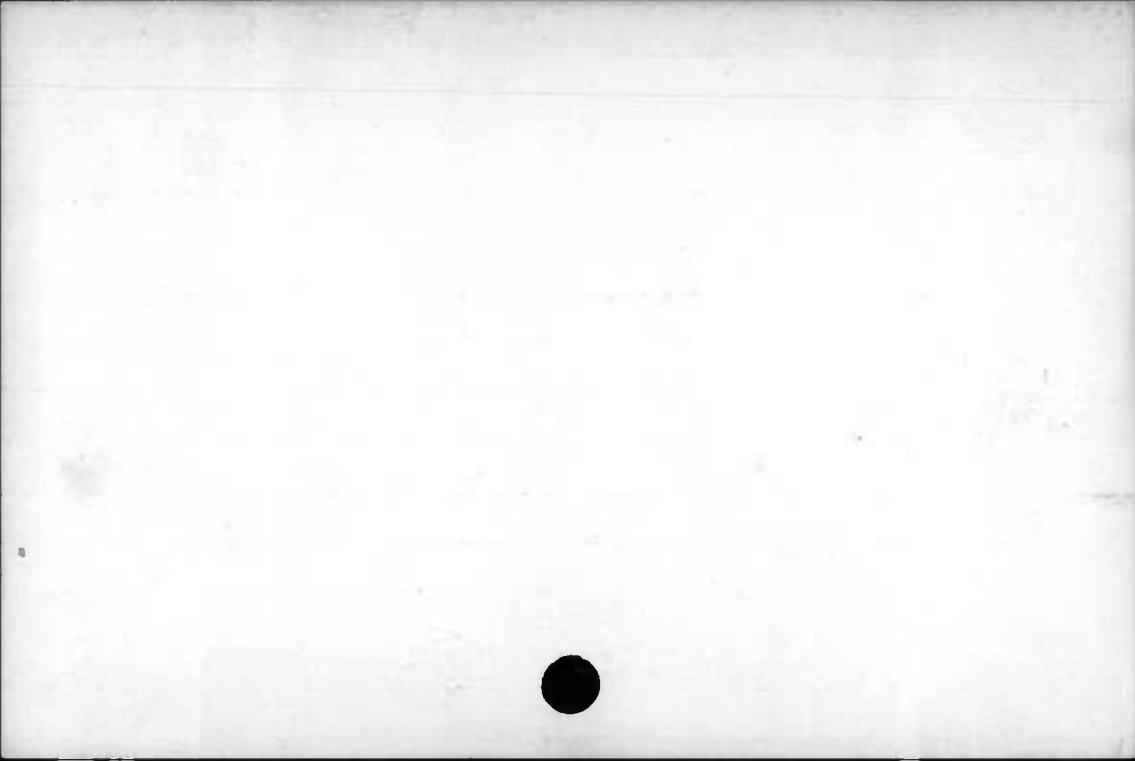
yes

Signature of
Physician

Address

Lewis H. Manning
Sh. Davis

Accident or Suicide?



Anna Rebus

Died at *Westport* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date 1903 *Dec. 23* Month *Dec.* Day *23* Age *59* Y. *5* M. *1* D. *14* Native of *Germany* Occupation *Housewife*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*

Husband of *Gerlach Rebus*
 Wife
 Father's Name *John Heck*

Mother's
 Maiden Name

Cause of Death { *General cardiac failure & tumor of intestines probably cancerous* How long sick *Irregularly since Sept. 17-03*
 { *Pulmonary Edema* Accident, Suicide, Homicide

Reported by *Dr. C. C. Branin*

Address *400 Hanover St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jos. Shutebeck & Co
Wm. C.

Name
in
Full

Mariantonia Demasco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	Month <u>Dec</u>	Day <u>5</u>	Age <u>76</u>	Years <u>76</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Italy</u>		Months <u> </u>	Days <u> </u>
Occupation <u>Housework</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Louis Demasco</u>				
Father's Name <u>Christovel Desumone</u>	Father's Birthplace <u>Italy</u>		Mother's Birthplace <u>Italy</u>		
Mother's Maiden Name <u>Maria Domaniuk</u>	How related to deceased <u>Son</u>		Name of person giving information <u>Michael Demasco</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Catarrhal Enteritis</u>	How long	<u>10 days</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. L. Reckard M.D.</u>	
<u>Yes</u>		Address <u>710 S. Canton St., Balt.</u>	
Accident or Suicide? <u>No</u>			

St Patricks Cemetery

Dec. 6th 1905

Germanus Thane

Undertaker

Name
in
Full

Jannie Diggs

CERTIFICATE OF DEATH

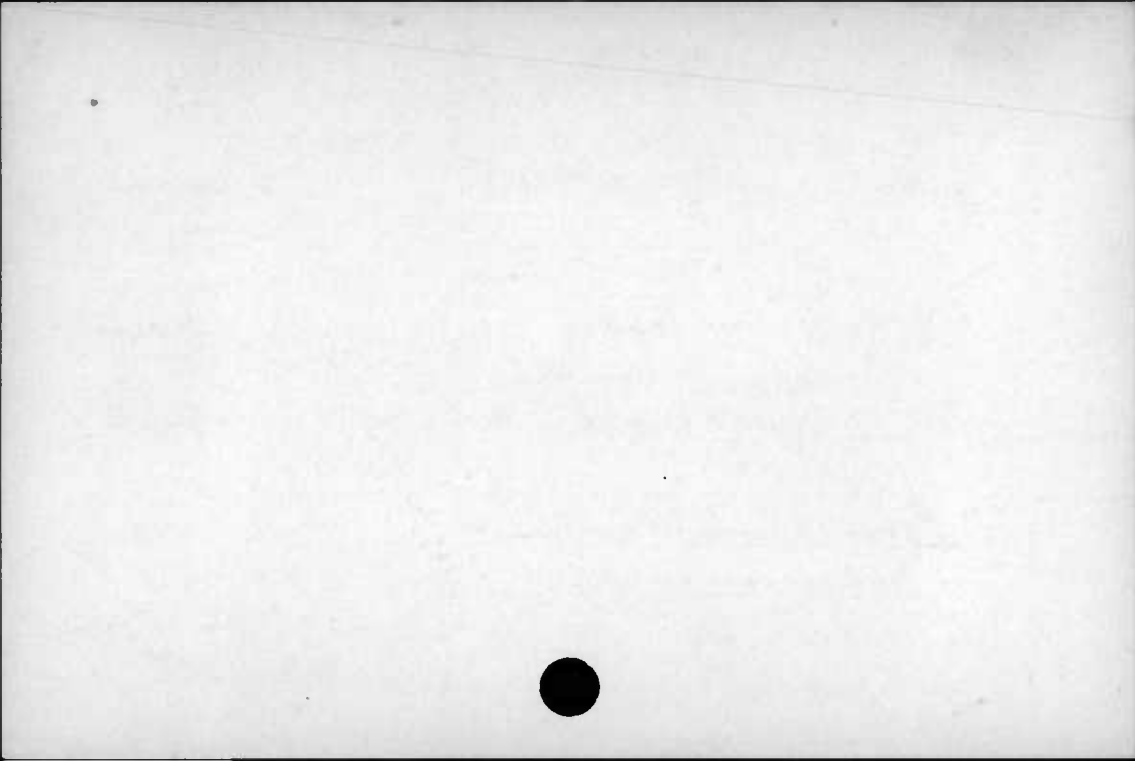
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County} <i>Co</i>		MARYLAND	
Date of death	<i>1905</i>	<i>Dec</i> ^{Month}	<i>30</i> ^{Day}	<i>67</i> ^{Years}	<i>unknown</i> ^{Months} <i>unknown</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Ma -</i>				
Occupation	<i>None - Housework</i>		Where Residing If not at place of death	<i>614 N. Fulton ave -</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>_____</i>	
Father's Name	<i>unknown</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Reeds Mt Home Retreat</i>			How related to deceased	<i>not at all -</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Mania - 154</i>	How long	<i>5 or 6 wks</i>
Immediate	<i>Ex. L. Hemiplegia</i>	How long	<i>24 hrs -</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Frank J. Flannery</i>	
Address		<i>Mt Hope Retreat Baltimore Co Md -</i>	
Accident or Suicide?		<i>_____</i>	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Sleevens</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>26</i>	Age <i>18 hours</i>	Years <i>18</i>	Months <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sleevens</i>		
Occupation <i>none</i>	Where Residing if not at place of death				

~~Marr. d, Singla
or Wido. d~~

~~Name of Wife or
Husband~~

Father's Name John Robson

Father's Birthplace

Mother's Maiden Name Lillian Summell

Mother's
 Birthplace

Name of person giving information Father (John Dobson)

How related
to deceased

CAUSES OF DEATH

Primary Premature birth

How long
(7 mos)

Immediate Transition

How long
18 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. Louis Maylor

Address

Pittsville Md

Accident or Suicide?



Name
in
Full

Louis Robb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Walters P 6

Baltimore

Date of death 1900 Dec

Day 13

Age 78

Months 9

Days

Sex Male

Color or Race

white

Birth-place

Ohio

Occupation

Bottle Combs

Where Residing if not at place of death

Married, Single or Widowed

widowed

Name of Wife or Husband

Father's Name

Jms Knowl

Father's Birthplace

Mother's Maiden Name

Sophia Robinson

Mother's Birthplace

Name of person giving information

Sophia Robinson

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Rheumatoid Arthritis La Grippe

How long

6 wks

Immediate

Arthritis

How long

1 wk

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

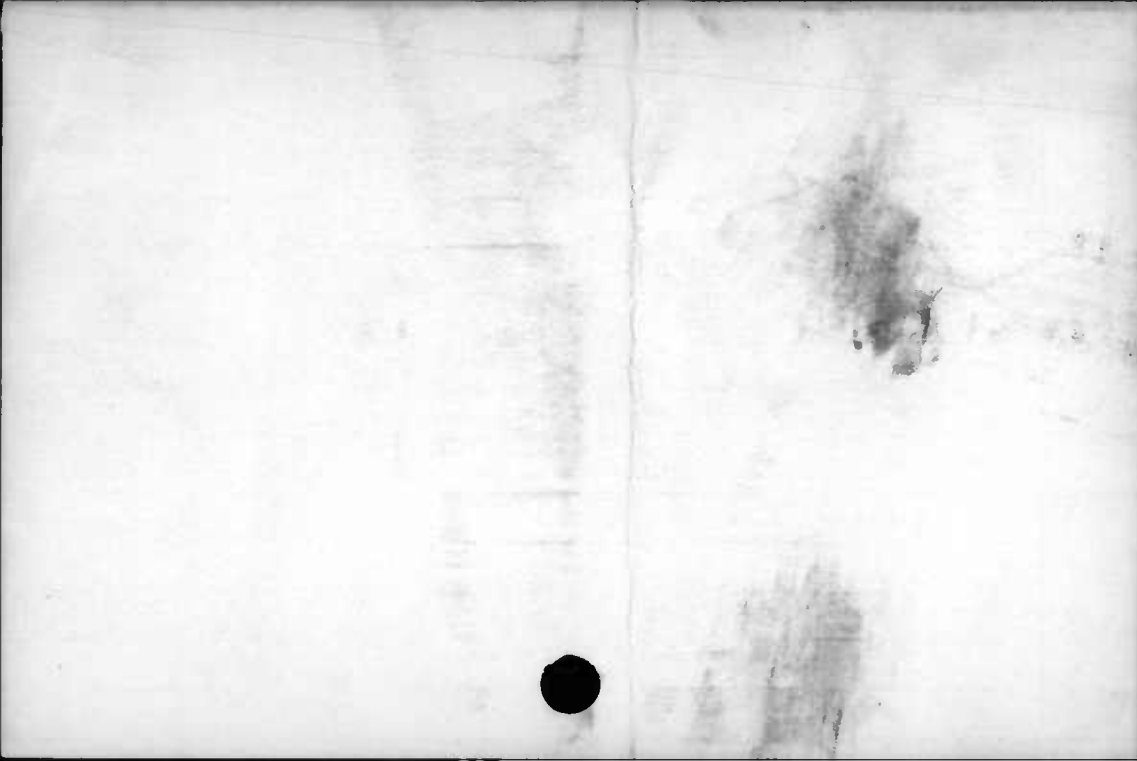
J. H. W. Hannon M.D.

Middle River Md

PHYSICIAN
OR CORONER

Accident or Suicide?

no



Name
in
Full~~Still Born~~ Donohue 12/4/1905

CERTIFICATE OF DEATH

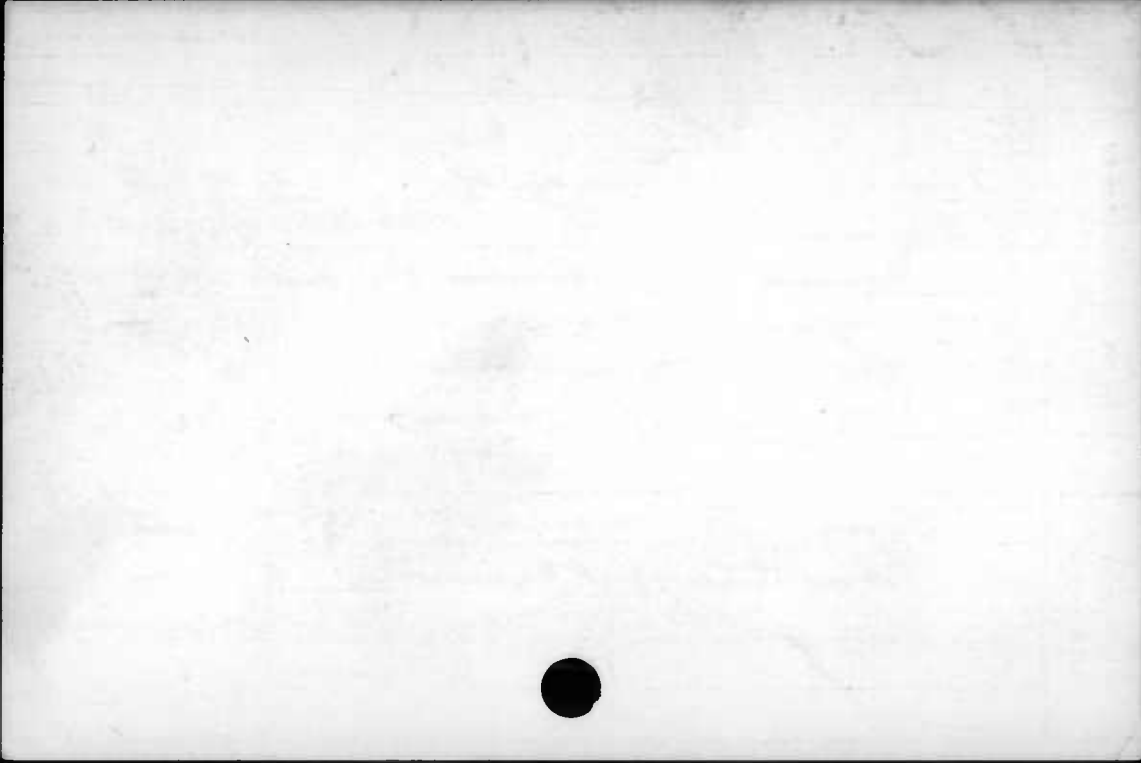
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Firth</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>Dec.</i>	Day <i>4</i>	Age Years <i>1</i>		Months <i>0</i>	Days <i>0</i>
Sex <i>not known</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Michael Donohue</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Annie Bridenbaugh</i>		Mother's Birthplace <i>Balto. Co.</i>					
Name of person giving information <i>Michael Donohue</i>		How related to deceased <i>✓</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>✓</i>
Immediate	<i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. S. Green</i>
		Address <i>Gittinger Ind.</i>
Accident or Suicide? <i>✓</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph N. Doubledien

Died at *Cold Spring* ^{Town}*Bacon* ^{County}

MARYLAND

Date of death *1905* ^{Month} *12**3rd* ^{Day}Age *one* ^{Years}*2* ^{Months}*15* ^{Days}Sex *Male*Color or Race *White*Birth-place *Baltimore*

Occupation _____

Where Residing if not
at place of deathMarried, Single
or Widowed _____Name of Wife or
Husband _____Father's Name *Edward Doubledien*Father's Birthplace *Maryland*Mother's Maiden Name *Katharine Shippley*Mother's Birthplace *Maryland*Name of person giving
Information *Father*How related
to deceased

CAUSES OF DEATH

Primary *Chronic Ulceration*
of aorta *debility*How long *about 20 months*
How long *two months*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John Barron MD
Governors Town
Bacon

Accident or Suicide?

This baby was attended
at Garrett Hospital
for 11 months

SB

S^t Peter's Cemetery
Martin Fahy & Sons
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

Matthew W. L. Eckert

Town

County

Died at

Phoenix

Baltimore

MARYLAND

Date

of death 1905

Month

12

Day

31

Age

Years

3

Months

4

Days

11

Sex

Male

Color or
Race

White

Birth-
place

Phoenix

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph F. Eckert

Father's
BirthplaceMother's
Maiden Name

Ellen W. Fowler

Mother's
BirthplaceName of person giving
Information

Joseph F. Eckert

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bum.

How long

Immediate

Blood Poison

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

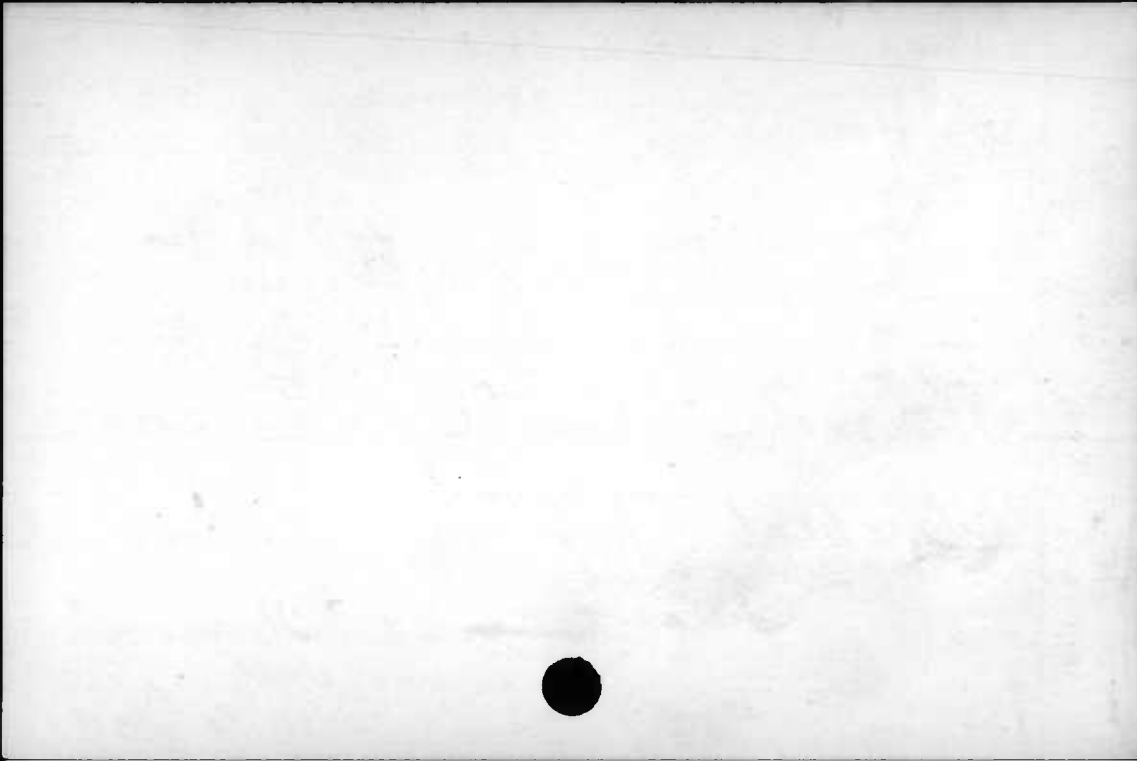
J. J. Payne

Address

Phoenix
Baltimore Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Frank Russell Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied *At* *White* ^{Town} *Chall*County *Balto*

MARYLAND

Date
of death *1905*Month *12*Day *14*

Age

Years *5*Months *3 mos.*

Days

Sex *male*Color or
Race *white*Birth-
place *Balto*Occupation *—*Where Residing if not
at place of deathMarried, Single
or Widowed *—*Name of Wife or
HusbandFather's
Name *A James Elliott*Father's
Birthplace *Balto*Mother's
Maiden Name *Emilie A. Wheeler*Mother's
Birthplace *Hanford*Name of person giving
In formation *A James Elliott*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Burn of upper lip,*

How long

Immediate *Shock*

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *J. R. Payne*Address *Condit*

Accident or Suicide?



Name
in
Full

Sarah Elizabeth Elligson

CERTIFICATE OF DEATH

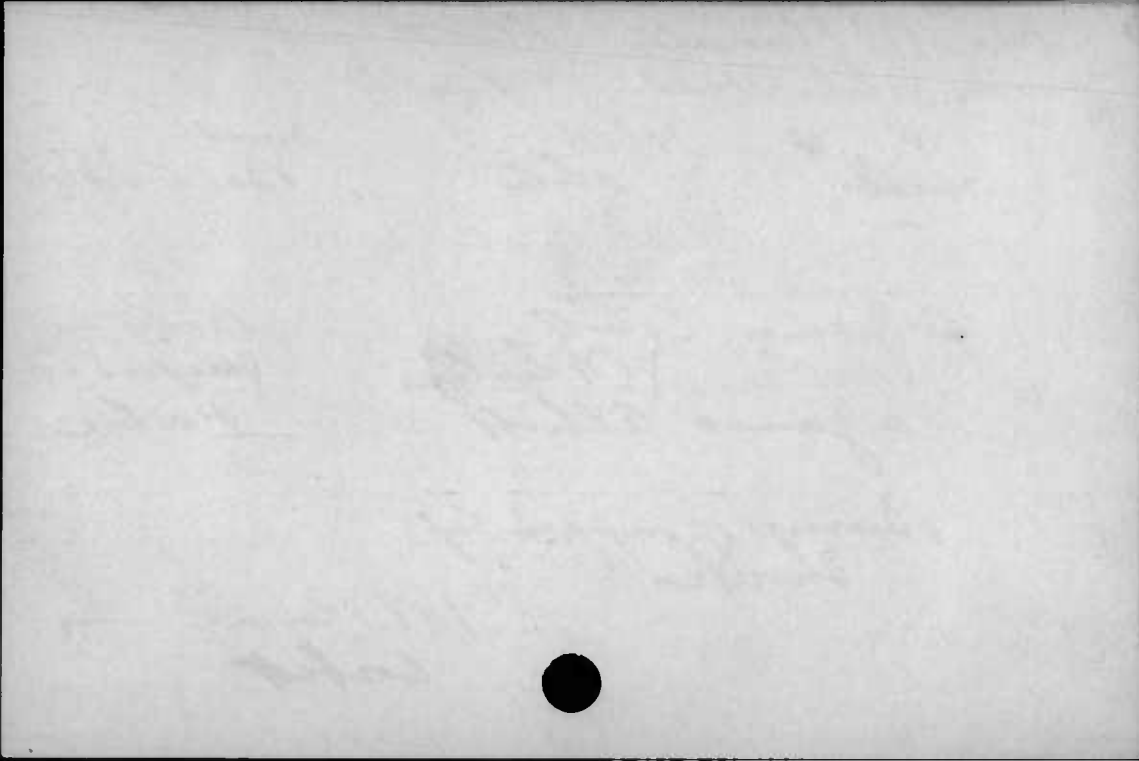
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Golden Ring</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>December</i>	Day <i>24th</i>	Years <i>59</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Golden Ring</i>				
Married, Single or Widowed <i>Married</i>	Name or Wife or Husband <i>John Elligson</i>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information <i>John Elligson</i>					How related to deceased <i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy</i>	How long <i>instant</i>
Immediate <i>Immediate</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Ed. J. Hermann</i>
	Address <i>Riversville</i>
	<i>Balt Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Leonard L. Esterline

CERTIFICATE OF DEATH

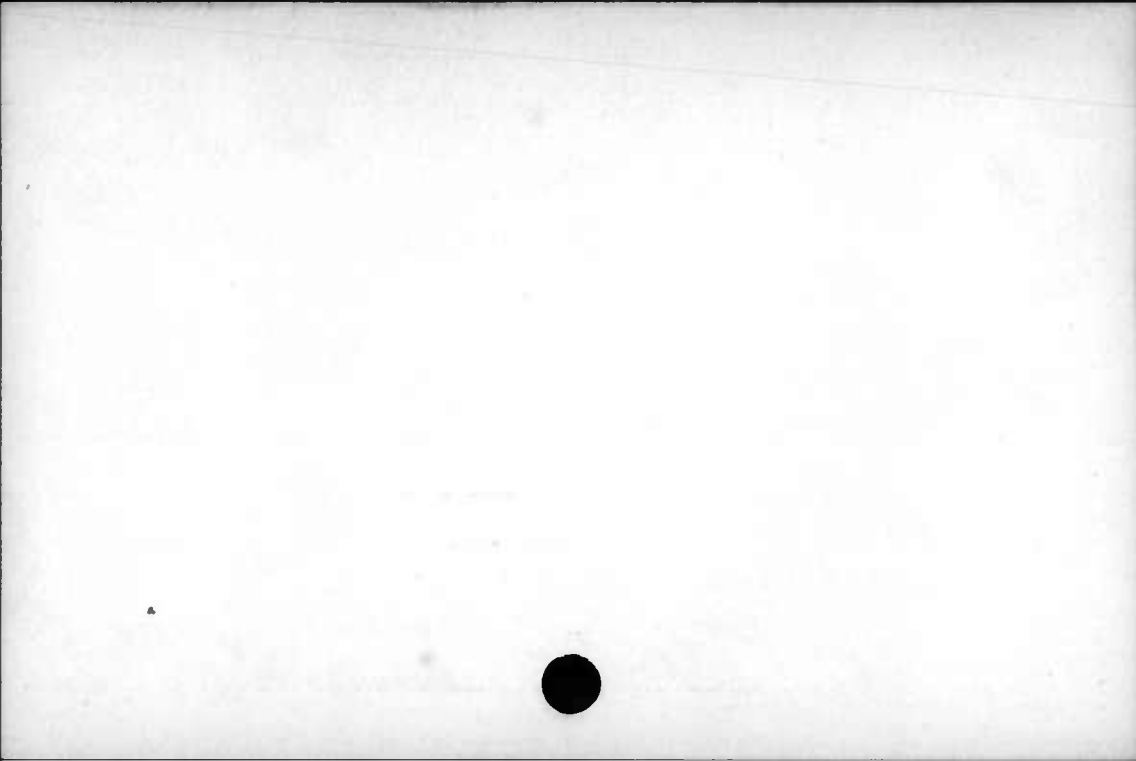
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Moukhou</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>6</i>		Month <i>Dec</i>	Day <i>9</i>	Age <i>34</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Hanover Pa</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Superintendent in Sea Store</i>					
Name of Wife or Husband							
Father's Name <i>George Esterline</i>				Father's Birthplace <i>Hanover Pa</i>			
Mother's Maiden Name <i>Elizabeth V. Haller</i>				Mother's Birthplace <i>Balto Md</i>			
Name of person giving In formation <i>Harry G. Esterline</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Laryngitis</i>	How long <i>Six months</i>
Immediate <i>Inanition</i>	How long <i>8 to 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Moukhou, Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah E Figgis

CERTIFICATE OF DEATH

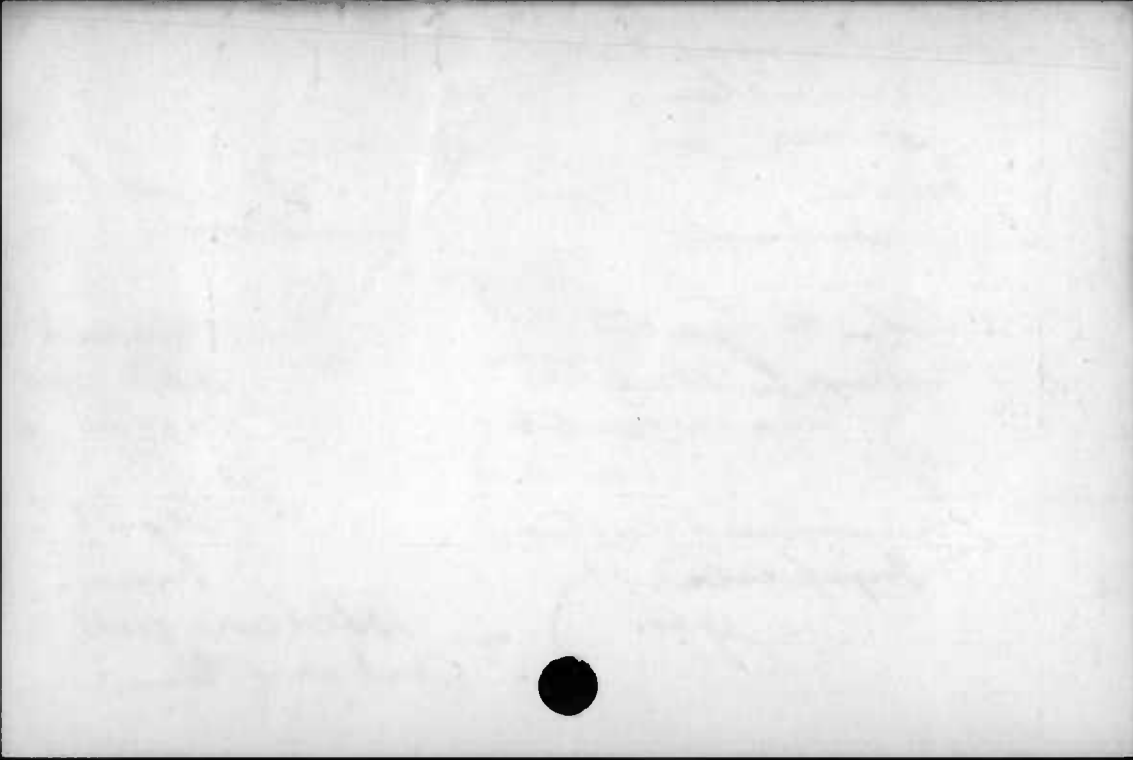
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Onings mill</i>		County <i>Batto</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Dec</i>	Day <i>9</i>	Age <i>3-8</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>M. C.</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Lewis. W. Figgis</i>				
Father's Name <i>John wall</i>	Father's Birthplace <i>M. C.</i>			Mother's Birthplace	
Mother's Maiden Name					
Name of person giving information <i>Bertha Bailey</i>	How related to deceased <i>Adopted Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>about 2 years</i>
Immediate <i>Heart failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>Cowings Mills Ind</i>
Accident or Suicide?	



Name
in
Full

Infant of Anna L & Chas A Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Arlington.^{County} Balto

MARYLAND

Date of death 190 ^{Month} 6 - ^{Day} Dec 20Age ^{Years} Stillborn ^{Months} ^{Days}

Sex Male Color or Race White

Birth-place Arlington.

Married, Single or Widowed Infant

Occupation none.

Name of Wife or Husband

Father's Name Chas A Foster

Father's Birthplace Washington DC

Mother's Maiden Name Anna L Walters

Mother's Birthplace Balto Md

Name of person giving information Chas A Foster

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia of Mother S.

How long 1 day.

Immediate Dyspnea.

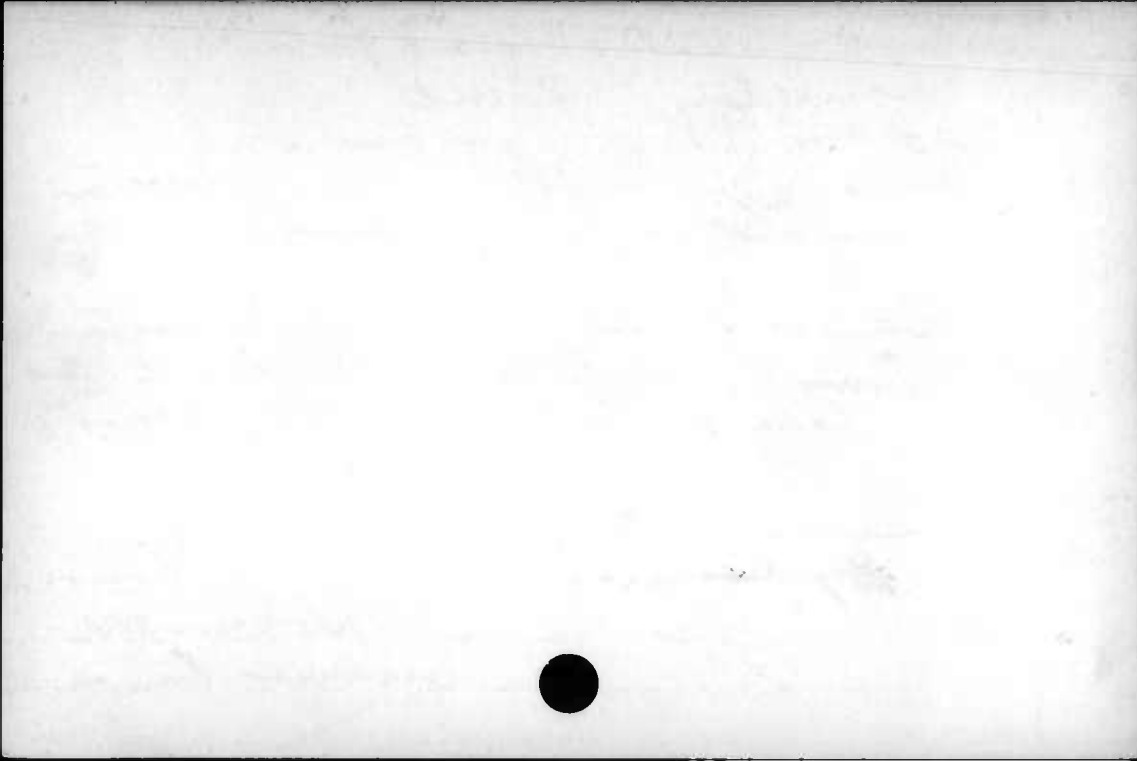
How long 1 hour.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician M. C. Cox M.D.

Address Arlington.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Anna L & Charles A Foster.

Died at ^{Town} *Arlington* ^{County} *Belts* **MARYLAND**

Date of death 190 ^{Month} *5* ^{Day} *20* Age ^{Years} *Still born* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Arlington*

Married, Single or Widowed *Infant* Occupation *name*

Name of Wife or Husband *—*

Father's Name *Chas A Foster* Father's Birthplace *Washington D.C.*

Mother's Maiden Name *Anna L. Walters* Mother's Birthplace *Belts, Md*

Name of person giving information *Chas A Foster* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia of Mother* How long *1 day*

Immediate *Dyspnoea* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. C. Cooper*

Address *Arlington*

Accident or Suicide?



Name

in
Full

Susan S. France

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Govanstown</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death	190	Month	<i>Dec.</i>	Day	<i>11</i>	Years	<i>81</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Pa.</i>	Months	<i>8.</i>
Occupation				Where Residing if not at place of death	<i>Govanstown Balto. Co.</i>		
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband	<i>Joseph France</i>				
Father's Name	<i>Henry Strickler</i>				Father's Birthplace	<i>Pa.</i>	
Mother's Maiden Name	<i>Eliz. Stayman</i>				Mother's Birthplace	<i>Pa.</i>	
Name of person giving information	<i>Rev. Henry France</i>				How related to deceased	<i>Son</i>	

PHYSICIAN
OR CORONER

665

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>5 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Rev. H. H. H. H. H.</i>
		Address	<i>Sta 14. Baltimore</i>
Accident or Suicide?			

Madison

Mitchell

Undertaker 1201

W. Bayette St

Mount

Olive Cemetery

Name
in
Full

Samuel Fuhrman

CERTIFICATE OF DEATH

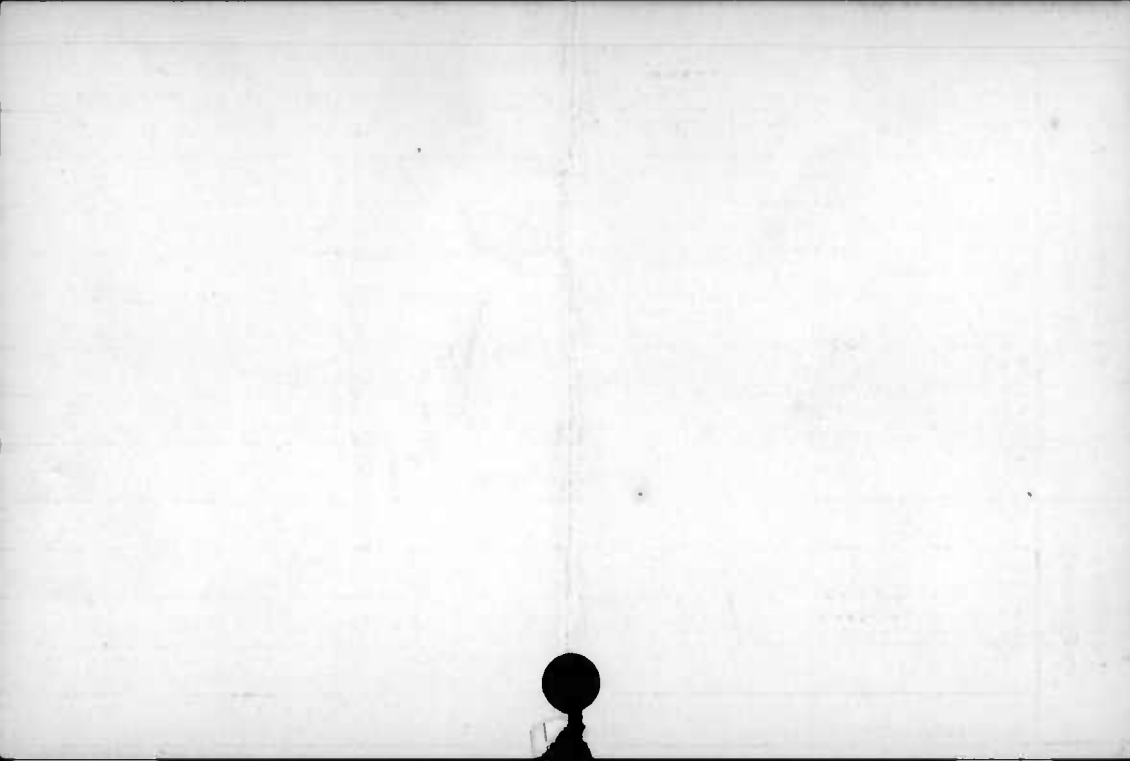
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stilts</i> Town		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Dec.</i>	Day <i>9th</i>	Age <i>89</i>	Months <i>9</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penna;</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Inspector</i>				
Name of Wife or Husband <i>Christina Fuhrman</i>					
Father's Name <i>Henry Fuhrman</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>.. ..</i>		
Name of person giving information <i>George Fuhrman</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age ^{and} senile decay</i>	How long
Immediate <i>Hemorrhage</i>	How long <i>About 2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Harris MD</i>
	Address <i>Beckleysville</i>
Accident or Suicide?	<i>1nd</i>



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Dickysville</i>		Town <i>Baltimore</i>		County	
Date of death	1905	Month	Dec.	Day	29
Age	77	Years	10	Months	16
Sex	Male	Color or Race	White	Birthplace	Harrod's Co., Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	Richard Gambrell				Father's Birthplace
Mother's Maiden Name	Mary Splehart				Mother's Birthplace
Name of person giving information	Mrs Gambrell				How related to deceased

CAUSES OF DEATH

Primary *Cerebral Hemorrhage Left Paralysis*
Cardiac Dilatation.

How long *about*
19 months

Immediate *Syncope*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Heanoll Monumour*
Address *Dickysville, Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER

Baltimore Dec 29/06
Dr C. L. Mattfeldt;

Dear Sir - Kindly grant
permit to inter the remains
of Joseph Gambrell in
London Park Cemetery
& oblige yours Respectfully

PS Stewart & Mowbray
by return mail please

Name
in
Full

Francine St. Gorsuch

CERTIFICATE OF DEATH

Town

County

Died at

Crown Mills

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

12

19

Age

78

Sex

Female

Color or
Race

White

Birth-
place

Ind.

Occupation

House Wife

Where Residing if not
at place of death

Crown Mills

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

John S. Gorsuch

Father's
Name

Jesse L. Warfield

Father's
Birthplace

Ind.

Mother's
Maiden Name

Hannah Hollingsworth

Mother's
Birthplace

"

Name of person giving
Information

Jessie Campbell

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Bronchitis

How long

25 years

Immediate

Dropsy

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature
Physician

W. H. Campbell, M.D.

Address

Crown Mills,
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

London Park

Name
in
Full

Michael Stagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> <small>Town</small>			<u>Baltimore</u> <small>County</small>			MARYLAND		
Date of death <u>1905</u>		<u>12</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u>16</u> <small>Days</small> <u>hours</u>		
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Md.</u>				
Occupation <u> </u>				Where Residing If not at place of death <u> </u>				
Married, Single or Widowed <u> </u>				Name of Wife or Husband <u> </u>				
Father's Name <u>Michael Stagan</u>				Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Minnie Schenewolf</u>				Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Michael Stagan</u>				How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u> </u>
Immediate <u>Inanition</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. A. Slantz</u>
<u>Premature delivery. 6 mos.</u>	Address <u>41 Eastern Ave.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Elizabeth Harn

CERTIFICATE OF DEATH

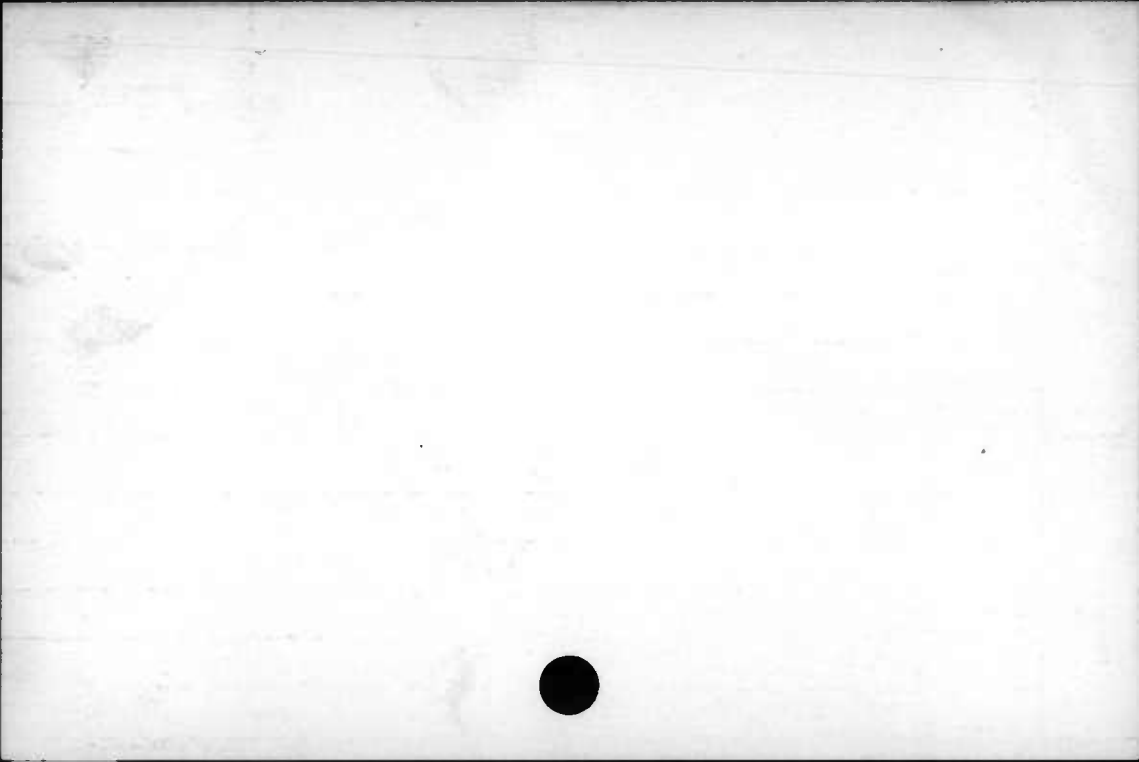
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cella.</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Year}	<i>Dec</i> ^{Month}	<i>7</i> ^{Day}	Age <i>90</i> ^{Years}	<i>2</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>---</i>			Where Residing if not at place of death <i>---</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Ephraim Harn</i>			
Father's Name <i>Beal Gosnell</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>---</i>			Mother's Birthplace <i>---</i>		
Name of person giving information <i>Thomas B. Harn</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>5 years</i>
Immediate <i>Bronchitis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. J. Ryane</i>
	Address <i>---</i>
Accident or Suicide? <i>---</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Windsor Hills Balto Co</i>		County <i>Baltimore County</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>December</i>	Day <i>14</i>	Years <i>29</i>	Months <i>11</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>St Michaels Md</i>		
Occupation <i>Real Estate</i>	Where Residing if not at place of death <i>Windsor Hill</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Honora Pleasant</i>				
Father's Name <i>Edward G. Harrison</i>	Father's Birthplace <i>St Michaels Md</i>				
Mother's Maiden Name <i>Eleanor Lark Warthman</i>	Mother's Birthplace <i>Philadelphia Pa</i>				
Name of person giving information <i>James W Ramsey</i>	How related to deceased <i>Father in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>6 weeks & 3 days of my attendance.</i>
Immediate <i>Exhaustion</i>	How long <i>a few days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward P. Irons M.D.</i>
	Address <i>Windsor Hills Balto Co.</i>
	State of <i>Maryland</i>
Accident or Suicide? <i>— — — — —</i>	

George W. Little
Mount Olivet cemetery,

Name
in
Full

Charles W. Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Goravstown* ^{County} *Balto.*

Date of death *1905* ^{Month} *Dec* ^{Day} *7* ^{Years} *84* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Retired* Where Residing if not at place of death *Goravstown md*

Married, Single or Widowed *Married* Name of ~~Wife or~~ ^{Husband} *Wife Mary J. Harvey*

Father's Name *=* Father's Birthplace *=*

Mother's Maiden Name *=* Mother's Birthplace *=*

Name of person giving information *Mary J. Harvey* How related to deceased *wife*

663

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* *(66)* How long *10 days*

Immediate *Exhaustion* How long *several days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. H. Duncan*

Address *Goravstown md*

Accident or Suicide?

Burial at Western Cem
Dec 11/900.—
William Cook

PHYSICIAN
DR CORONER

John H. Harvey
Town

CERTIFICATE OF DEATH

Died at <i>Boring</i>		Town		County <i>13 alt</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>12</i>	Day <i>24</i>	Age <i>32</i>	Years	Months <i>3</i>	Days <i>7</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			

Married, Single or Widowed	single	Occupation	Retired Farmer
Name of Wife or			

Name of Wife or
Husband

Father's Name	John K Harvey	Father's Birthplace	Ind
Mother's Name	...	Mother's Birthplace	...

Mother's Maiden Name	<i>Ella Ann Kields</i>	Mother's Birthplace	<i>Ind</i>
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Name of person giving information	Charles J. Harry	How related to deceased	Brother
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CAUSES OF DEATH

Primary	Hemorrhage of Bladder	How long	6 mo
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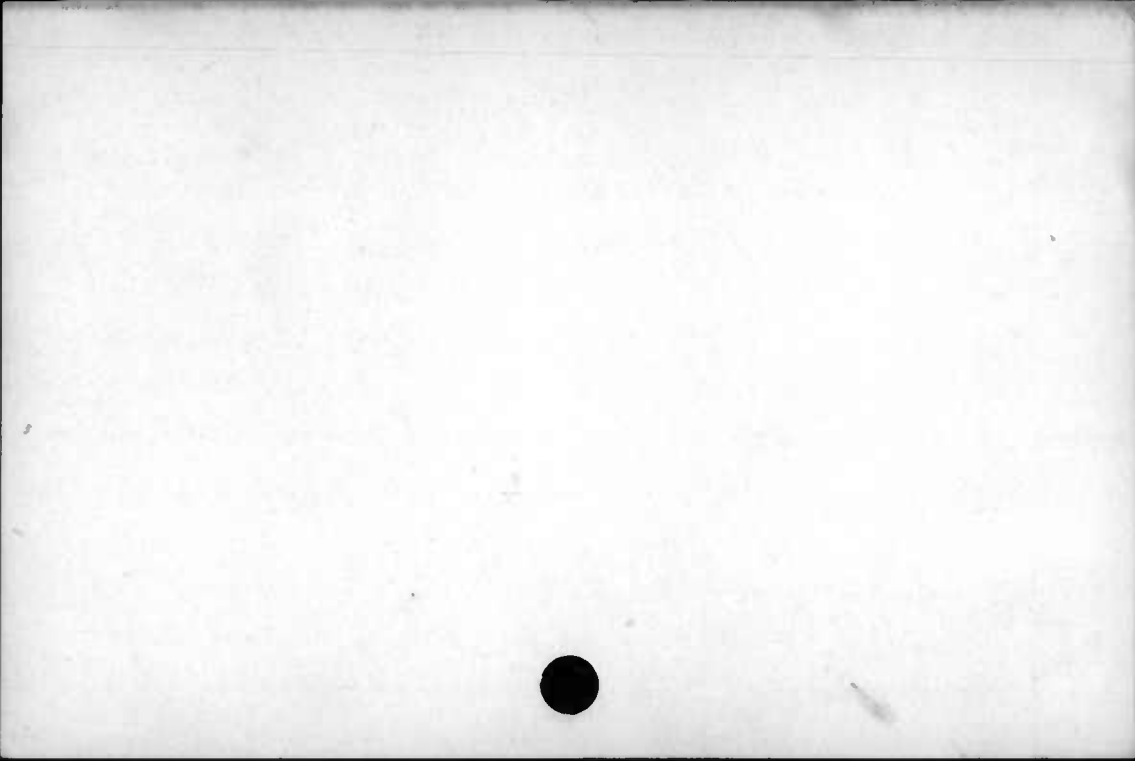
Immediate Paralysis

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Las H. Wilson*

Address *Fowblesburg*
Ind

~~Accident or Suicide?~~



Name
in
Full

CERTIFICATE OF DEATH

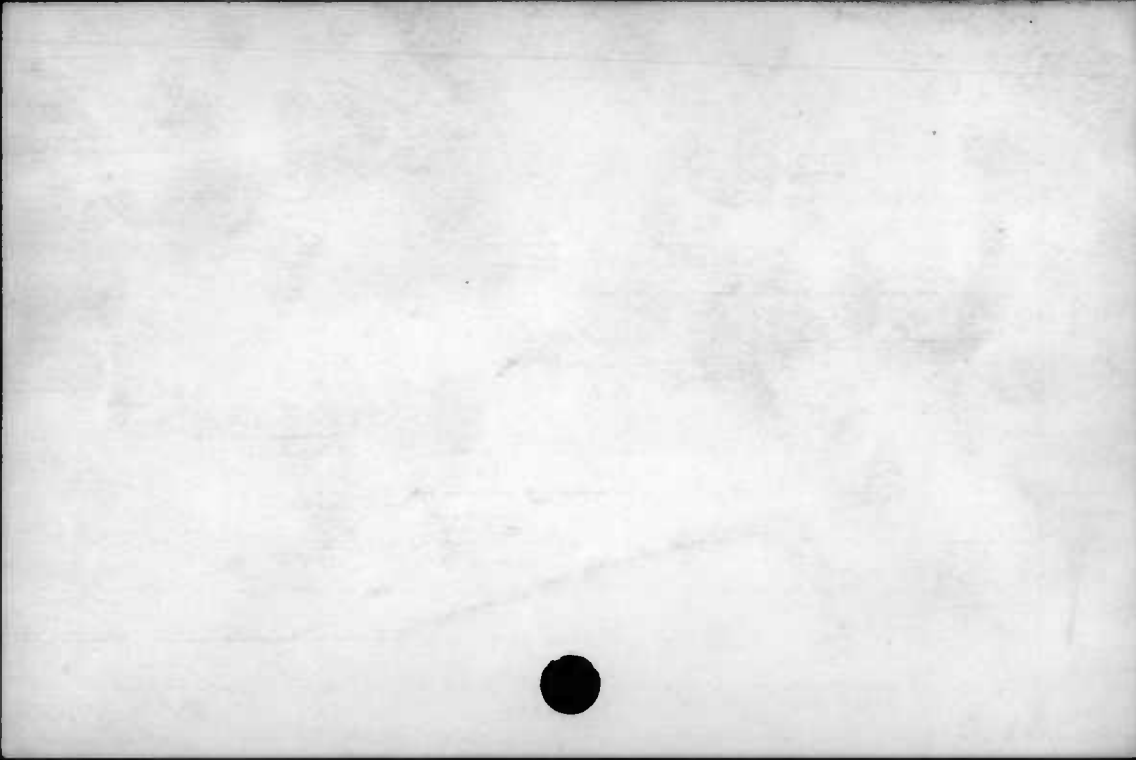
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hulls ville</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death <u>Dec 4</u> 190 <u>8</u>	Month <u>Dec</u>	Day <u>4</u>	Age <u>—</u>	Months <u>—</u>	Days <u>7</u>
Sex <u>female</u>	Color or Race <u>colored</u>		Birth-place <u>Hulls ville</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>James Hedgemon</u>			Father's Birthplace <u>Hulls ville</u>		
Mother's Maiden Name <u>Aimie Robinson</u>			Mother's Birthplace <u>Balt.</u>		
Name of person giving information <u>James Hedgemon</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>—</u>	How long <u>—</u>
Immediate <u>Congenital Debility</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>R. V. Hanes</u>
	Address <u>put wrians Balt.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

Died at

Hulls ville

Town

Balt.

County

MARYLAND

Date

Dec 9 1905

Month

Dec

Day

29

Years

Age 72

Months

Days

Sex

male

Color or Race

colored

Birth-place

Virginia

Occupation

cook

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Kate Hedgemon

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

James Hedgemon

How related to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

17 months

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. V. Blaine

Address

1st Union

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Felix

Name
in
Full

Isaac M. M. Helms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Ashington^{County} Baltimore

MARYLAND

Date of death 1905 12

Day 1

Age 56

Months 11

Days 8

Sex male

Color or Race white

Birth-place Baltimore

Occupation Carpenter

Where Residing if not at place of death

Ashington

Married, ~~Single~~ Widowed

Name of Wife or

Mallie Brown

Father's Name

Lewis L Helms

Father's Birthplace

Maryland

Mother's Maiden Name

Charlotte M. Martin

Mother's Birthplace

Maryland

Name of person giving information

Charles Brown

How related to deceased

Bro. in law.

CAUSES OF DEATH

Primary

Nephritis

How long

Unknown

Immediate

Vascular Heart Disease

How long

Many years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. F. Handley?

Address

St. C City

Suicide?

A. A. Marshall
3539 Fall Road
Baltimore, Maryland
DEC 3-05

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Walter Henry Holingshade*
Old Washington Baltimore

Date of death 1905 12 20 Age 41 Months 11 Days 13

Sex *male* Color or Race *White* Birth-place *Baltimore*

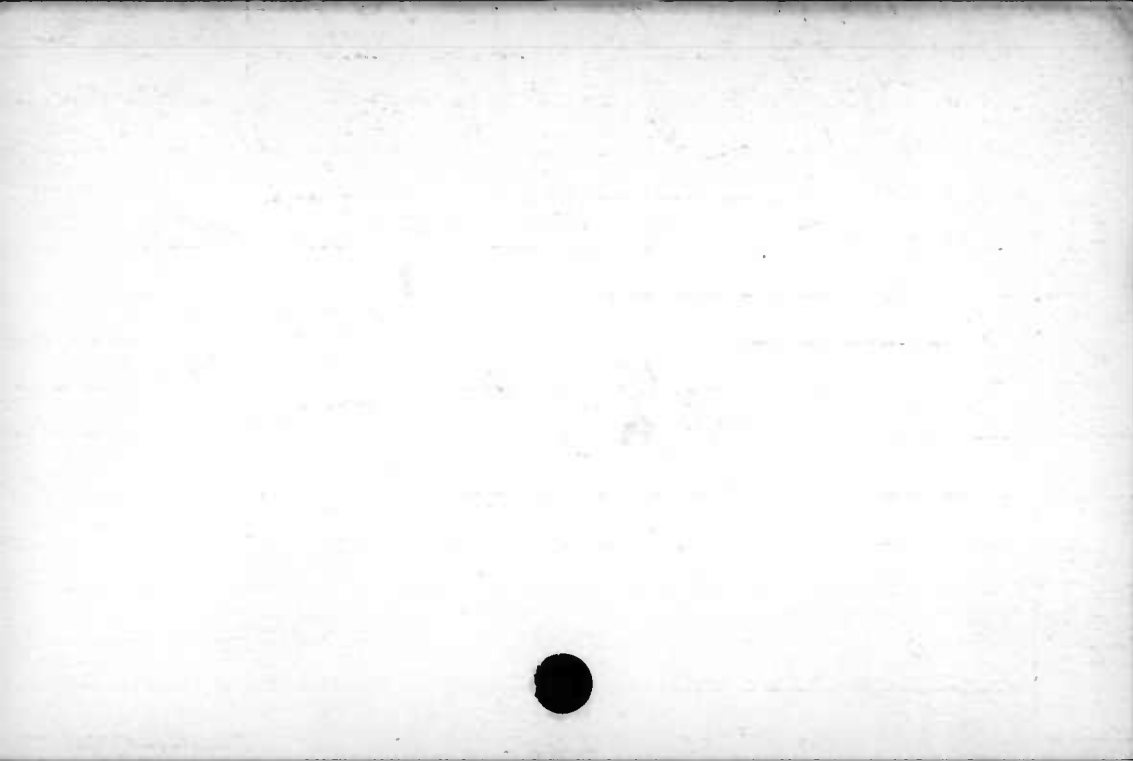
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *Jamies E. Holingshade*Father's Birthplace *Md.*Mother's Maiden Name *Layna V. Palmer*Mother's Birthplace *Md.*Name of person giving information *Sarah C. Palmer*How related to deceased *Grand mother*

CAUSES OF DEATH

Primary *Diphtheria* about - *Oct-20/05* - *while residing in Balt. Md*Immediate *Paralysis* How long *6 days duration*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. H. Richardson*Address *112 W. 25th St - Baltimore, Md.*

Accident or Suicide?



Name
in
Full

Margaret C Hollands

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ruxton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i>	<i>December</i> <small>Month</small>	<i>11th</i> <small>Day</small>	Age <i>90</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed			Occupation <i>None</i>		
Name of Wife or Husband <i>Joseph Hollands</i>					
Father's Name <i>do not know</i>			Father's Birthplace <i>no record</i>		
Mother's Maiden Name <i>no record</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>J. W. Hooper</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age and Paralysis</i>	How long <i>four years</i>
Immediate <i>Paralysis</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. J. G. ... M.D.</i>
	Address <i>Lorvoun</i>
Accident or Suicide?	

Stewart Mowen

Undertakers

215 Park ave

Baltimore Md.

Interment at St. Pauls

Burying ground

Baltimore Md.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

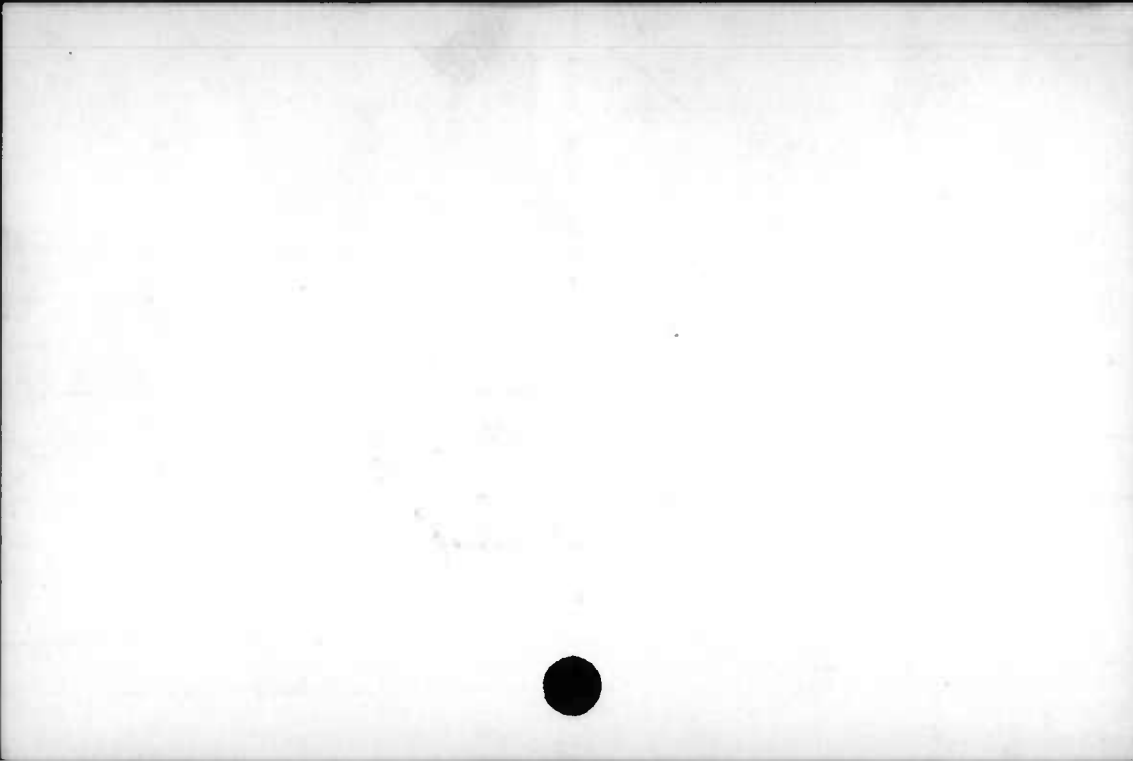
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow Point</i> ^{Town}		<i>Holmes (M.M.)</i> ^{County}		<i>Baltimore</i>	
Date of death	<i>1905</i>	Month	<i>Dec</i>	Day	<i>8th</i>
Sex	<i>male</i>	Color or Race	<i>col.</i>	Birth-place	<i>Sparrow Point</i>
Occupation	Where Residing if not at place of death <i>Sf. Pt.</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Joseph Holmes</i>				Father's Birthplace <i>Va</i>
Mother's Maiden Name	<i>Lula Bailey</i>				Mother's Birthplace <i>Va</i>
Name of person giving Information	<i>Lula Holmes</i>				How related to deceased <i>mother</i>

CAUSES OF DEATH

Primary	<i>Premature birth</i>	How long	<i>151</i>
Immediate	<i>Inanition</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. McMorris M.D.</i>
		Address	<i>Sparrow Point</i>
Accident or Suicide?	<i>No</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Andrew Nymick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
M th Washington		Baltimore			
Date	Month	Day	Years	Months	Days
of death 1905	Dec	5 th Sunday	30	—	—
Sex	Color or Race		Birth-place		
male	white		white		
Married, Single or Widowed	Occupation				
Married	Railroad brakeman				
Name of Wife or Husband	Not known				
Father's Name	"			Father's Birthplace	Not known
Mother's Maiden Name	"			Mother's Birthplace	"
Name of person giving Information	Sam'l Devesar			How related to deceased	Not known

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by train	How long	—
Immediate	Fracture of skull	How long	—
Are the name, age, sex, color, date and place correctly given above?	Y. es.	Signature of Physician	James H. Berner Coroner,
		Address	M th Washington,
Accident or Suicide?	Accident		

A. S. Marshall
3539 Falk Road

to Alloria Pad

25

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Christopher Jackson				Town Granby		County Balto		MARYLAND	
Died at		Date of death		Month		Day		Age	
		1905		Sep		23		40 about	
Sex		Color or Race		Birth-place		Months		Days	
male		Black		D.K.					
Occupation				Where Residing if not at place of death					
laborer				same					
Married, Single or Widowed				Name of Wife or Husband					
Single									
Father's Name				Father's Birthplace					
Jake Jackson				D.K.					
Mother's Maiden Name				Mother's Birthplace					
D.K.				D.K.					
Name of person giving information				How related to deceased					
John Goodal									

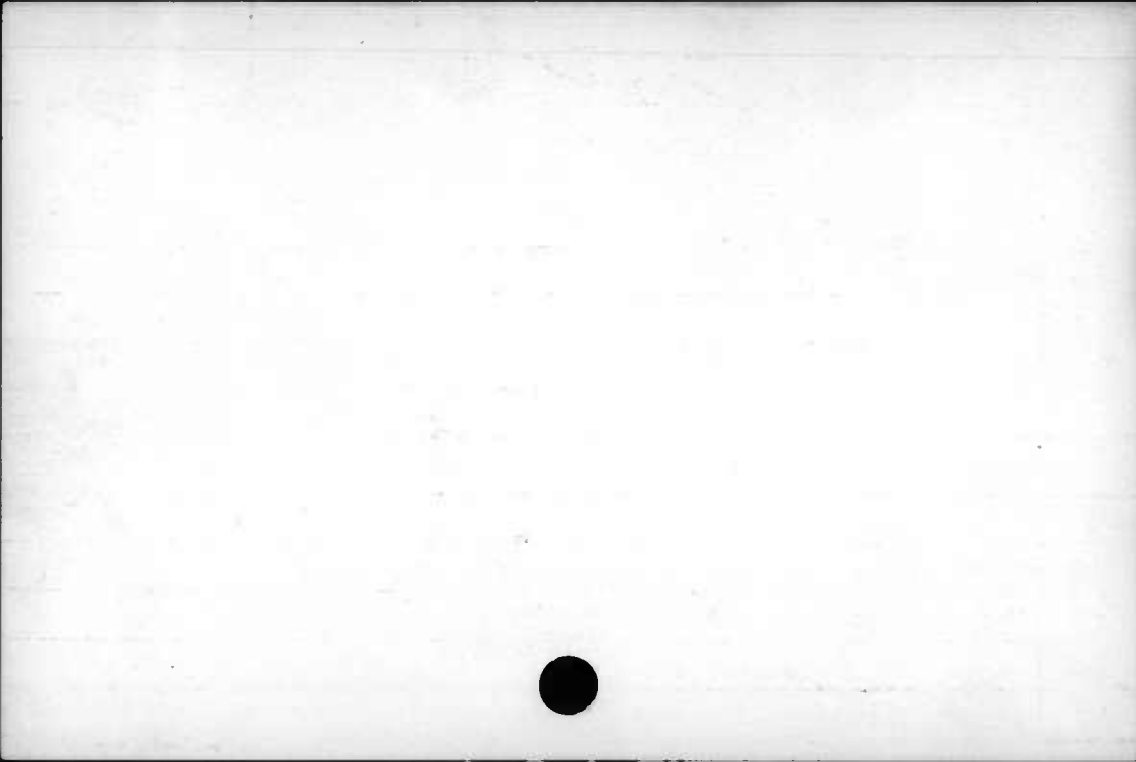
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Diphtheria		about 6	
Immediate		How long	
Pulmonary edema + Cong		month	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. J. Triple and	
		Address	
		Granby Ind	
Accident or Suicide?			



Name in Full		George W Johnson,				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Mt Silbo		^{County} Baltimore		MARYLAND			
	Date of death	1905	Month	Dec	Day	29	Age	24
					Months	11	Days	
	Sex	Male		Color or Race	Colored		Birth-place	Catonville
	Occupation	Laborer			Where Residing if not at place of death			Mt Silbo,
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	George W Johnson				Father's Birthplace	md	
Mother's Maiden Name	Louise Dorsey				Mother's Birthplace	md		
Name of person giving information	James Johnson				How related to deceased	Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Phthisis				How long	2 yrs	
	Immediate	Asthma				How long	2 wks	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Marshall B West		
					Address	Catonville		
	Accident or Suicide?				Cond.			



Name
in
Full

CERTIFICATE OF DEATH

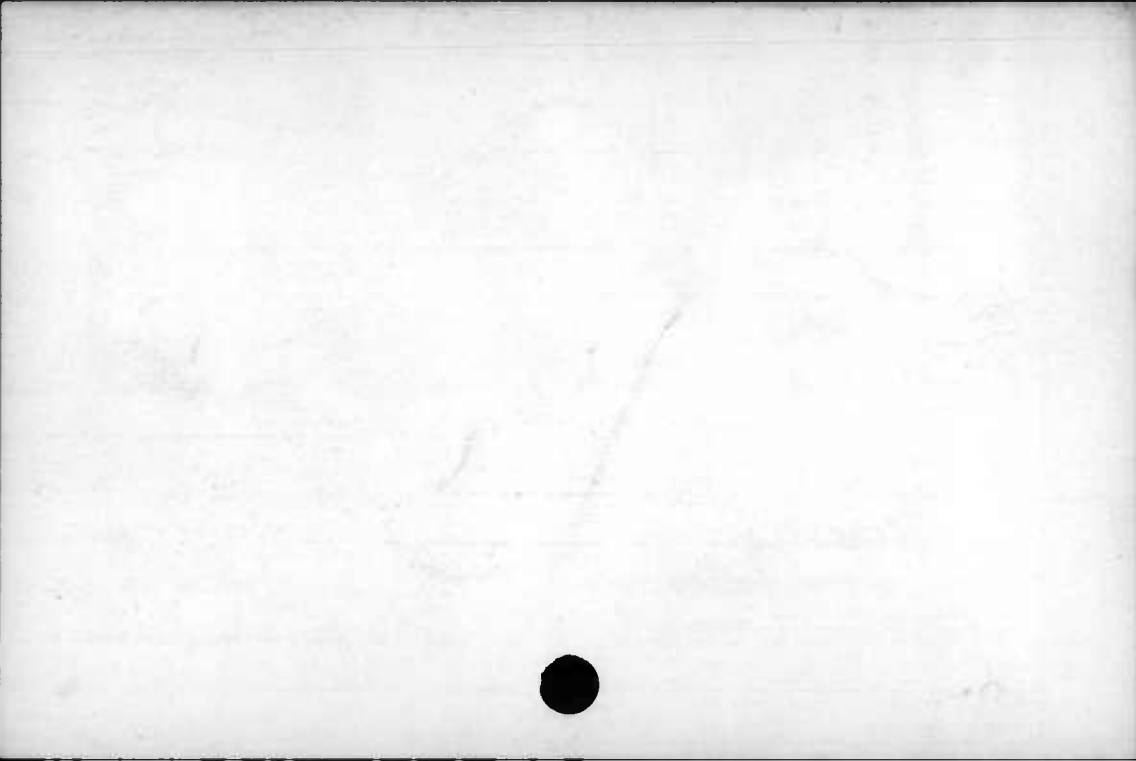
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clatsville</i> ^{Town}		<i>Putt</i> ^{County}		MARYLAND		
Date of death <i>1905</i> ^{Year}		<i>Dec</i> ^{Month}	<i>4</i> ^{Day}	<i>64</i> ^{Years}	<i>0</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Junior</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Jones</i>				
Father's Name <i>Abram Jones</i>		Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Maranda Webb</i>		Mother's Birthplace <input checked="" type="checkbox"/>				
Name of person giving information <i>Annie Jones</i>		How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Dementia</i>	How long	<i>1 1/2</i> ^{Years}
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>1</i> ^{Week}
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Wade</i>	
No. <i>No.</i>		Address <i>Clatsville, Ind</i>	
Accident or Suicide?			



Name
in
Full

Louis D. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	5	12	1st	Age	1
Sex		Male		Color or Race		White	
Occupation		None		Where Residing if not at place of death		5th. Ave. 5th. St	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Md.	
Father's Name		Andrew Jones		Mother's Birthplace		Md.	
Mother's Maiden Name		Pauline Heinzling		How related to deceased		Mother	
Name of person giving information		Pauline Jones					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leurebrius	How long	5 days
Immediate	Convulsion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
No		1108 Chesapeake	
Accident or Suicide?			
No			

Jno. Herwig & Son.

Mt. Carmel Cemetery

Dec. 3rd. 1905

Name
in
Full

CERTIFICATE OF DEATH

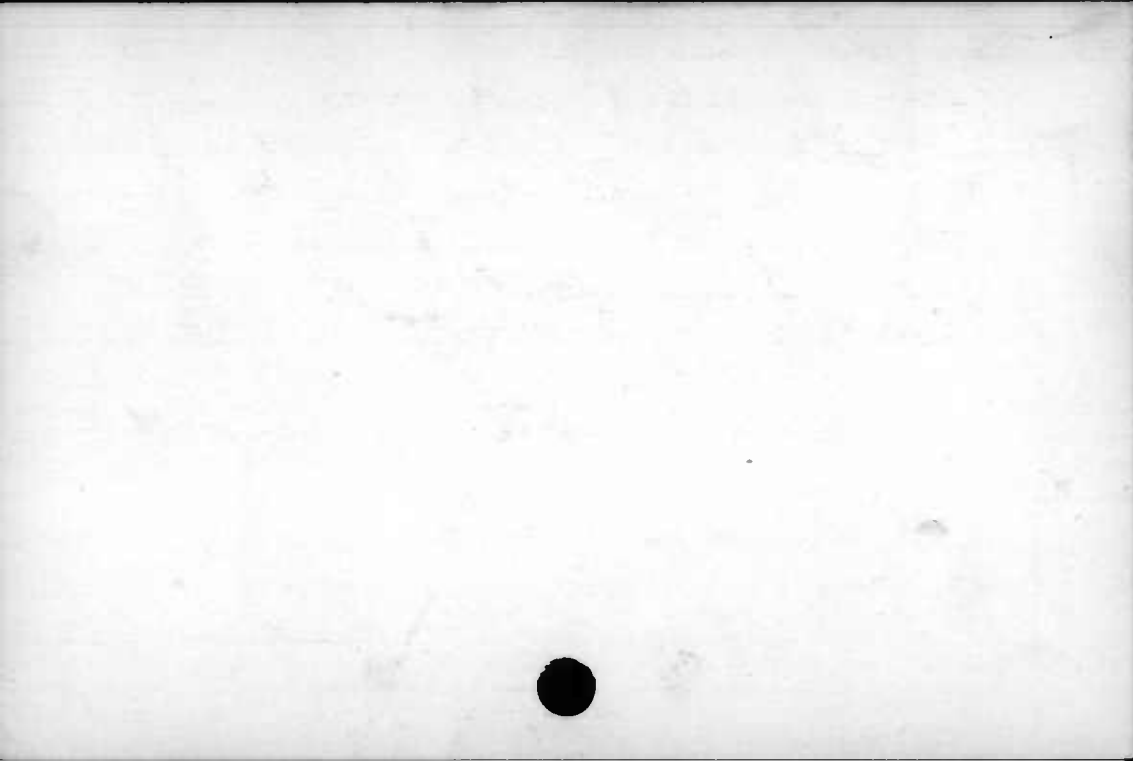
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salders Delight</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1905	Month	Dec	Day	21	Years	40
Sex	Male	Color or Race	White	Months	8	Days	12
Occupation	Heaven			Birth-place	Harrisonville		
Where Residing if not at place of death							
Married, Single or Widowed	Married		Name of Wife or Husband <i>Clarence May Shaffer</i>				
Father's Name	<i>Goodrich H King</i>					Father's Birthplace	<i>Worth, Tenn</i>
Mother's Maiden Name	<i>Ruth H Barnes</i>					Mother's Birthplace	<i>Scott, Tenn</i>
Name of person giving information	<i>John S Shaffer</i>					How related to deceased	<i>Brother in Law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R B Wells</i>
		Address	<i>Harrisonville Balto Co. Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

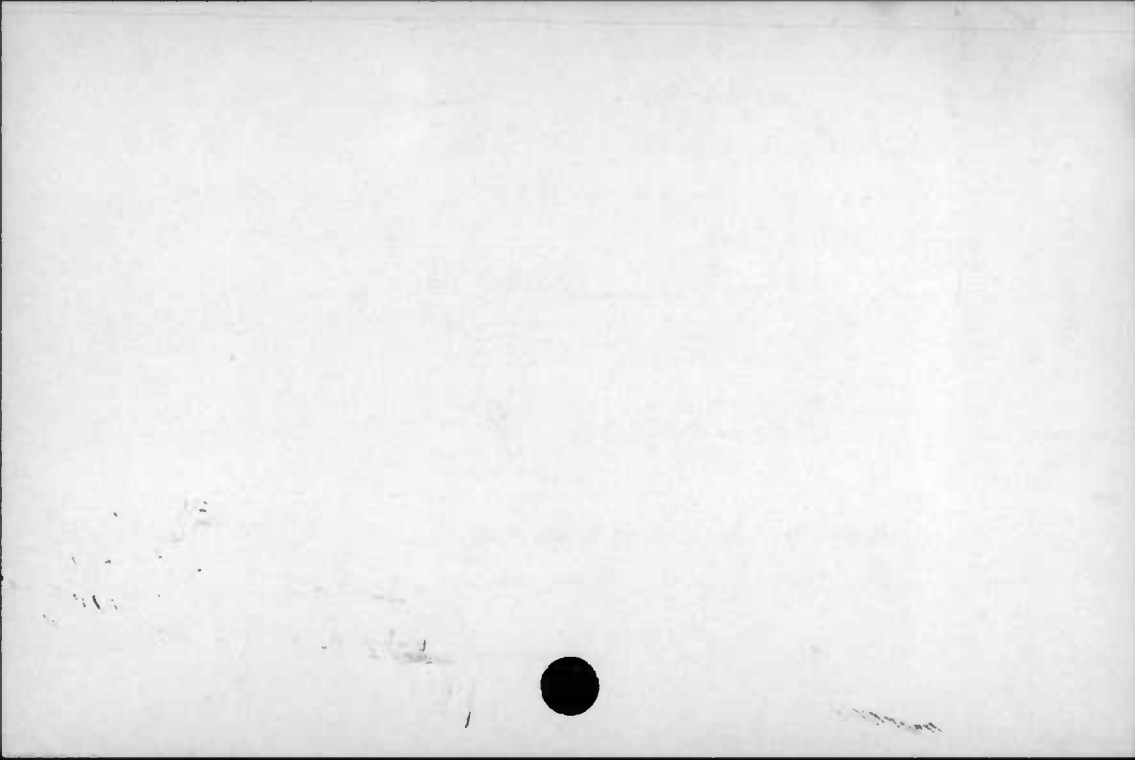
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>Dec</i> ^{Month}	<i>31</i> ^{Day}	Age <i>45</i> ^{Years}	<i>Unknown</i> ^{Months} <i>Unknown</i> ^{Days}
Sex <i>F</i>	Color or Race <i>W</i>		Birth-place <i>Pa</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Phila. Pa</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	<i>66</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reeds North Hope Retreat</i>			How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis - Dementia</i>	How long <i>4 yrs</i>
Immediate <i>Ex</i>	How long <i>abt one mo -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>North Hope Retreat Baltimore Co Md -</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary R. Kirk</i>		Town <i>Catonville</i>		County <i>Balti</i>		MARYLAND	
Died at		Date of death 190 <i>5</i>		Month <i>Dec</i>	Day <i>20</i>	Age <i>47</i>	Months <i>47</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed		Occupation <i>none</i>					
Name of Wife or Husband		<i>Mount E. Kirk</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		<i>husband</i>		How related to deceased		<i>54</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pernicious anemia</i>	How long	<i>several months</i>
Immediate	<i>Fluoridation from above</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Pharm J Gundry</i>	
		Address <i>Catonville</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

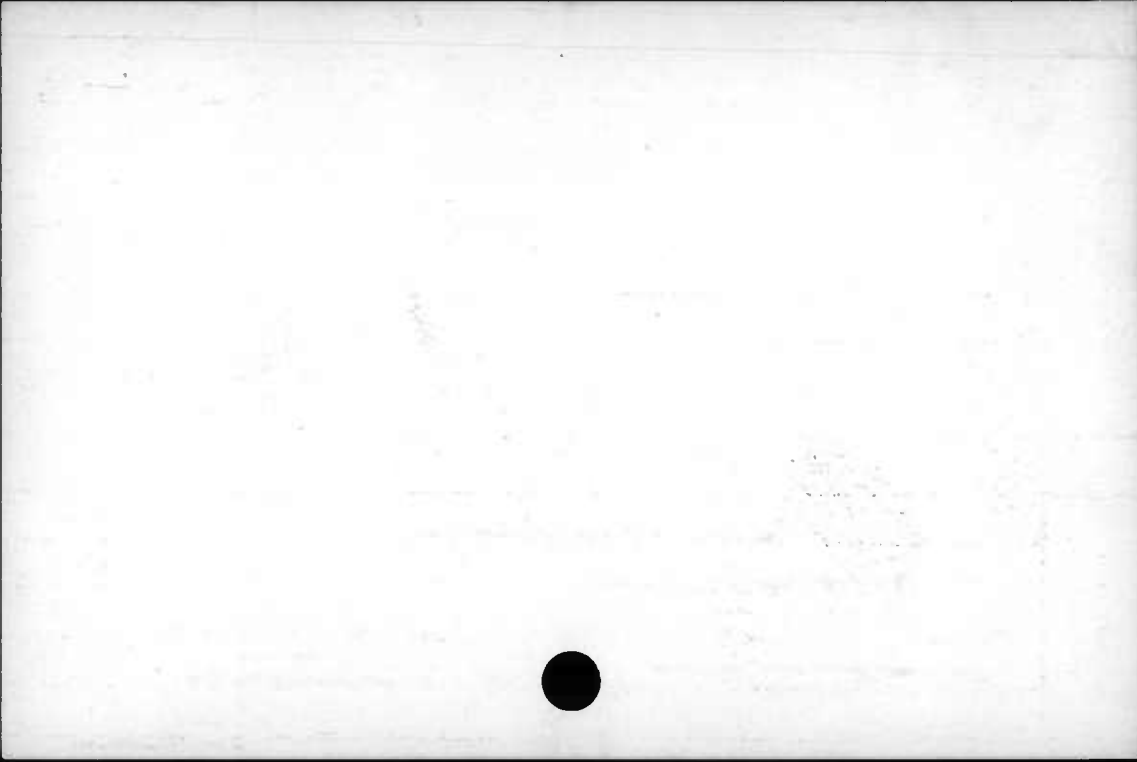
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Kirschner</i>		County <i>Baltimore</i>		State MARYLAND	
Died at <i>Putty Hill</i>		Town <i>Putty Hill</i>		City <i>Baltimore</i>	
Date of death 1905		Month <i>Dec</i>	Day <i>24</i>	Age <i>54</i>	Years <i>54</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>	
Occupation <i>Tailor</i>		Where Residing if not at place of death <i>Germany</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Shock</i>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enlargement of Heart</i>	How long <i>I do not know</i>
Immediate <i>Failure (Cardiac)</i>	How long <i>Several minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lugard J. Whiteford</i>
Yes <i>To best of my knowledge</i>	Address <i>Fullerton, Md.</i>
Accident or Suicide? <i>No</i>	



216

TO BE ANSWERED BY
NEAREST FRIEND

ra Knoebel, Anna

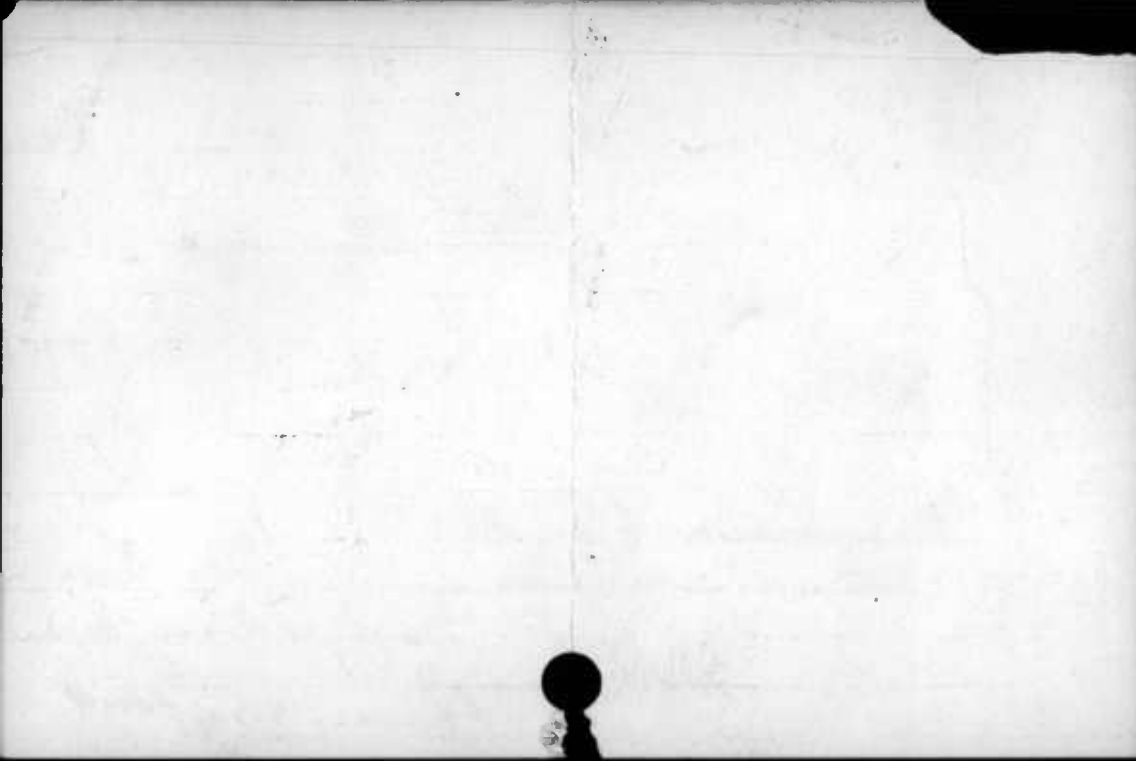
CERTIFICATE OF DEATH

Died at <i>Knoebel</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Dec.</i>	Day <i>6</i>	Age <i>64</i>	Years	Months <i>Six</i>	Days <i>Six</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Henry Knoebel</i>					
Father's Name <i>John Muller</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Henry W. Knoebel</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>not known</i>
Immediate <i>Hypostatic Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. S. Green,</i>
<i>Filed 1105</i>	Address <i>Sittings, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Philip R. Krach</i>		Town <i>Hamilton</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Hamilton</i>		Date of death <i>1905 Dec 1st</i>		Age <i>5</i>		Months <i>7</i> Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hamilton</i>			
Occupation <i></i>		Where Residing if not at place of death <i>Hamilton</i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Robert J. Krach</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Florence Greenfield</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Robert J. Krach</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>		How long <i>16 days</i>	
Immediate <i>Diphtheria and Septicemia</i>		How long <i>48 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Leary A. Long, M.D.</i>	
		Address <i>Hamilton, Ind.</i>	
Accident or Suicide? <i></i>			

Robert T

Oliver Greenfield

Dec 1st

5 yrs 7 mo 1 day

Hamilton

Robert T

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jacob Kuszmaul</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Baltimore</i>		Date of death 190 <i>5</i>		Month <i>12</i>		Day <i>24</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>73</i>		Years <i>—</i>	
Married, Single or Widowed <i>Unknown</i>		Birth- place <i>Unknown</i>		Months <i>—</i>		Days <i>—</i>	
Name of Wife or Husband <i>Unknown</i>		Occupation <i>Doctor</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving In formation		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Mitral Regurgitation</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. C. Bunsy</i>	
Accident or Suicide? <i>No</i>		Address <i>Texas</i> <i>Md.</i>	

To be buried on
premises by me
A. W. Ensor

Name
in
Full

Ellen Sane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mr Hope		County Baltimore		MARYLAND	
Date of death	190	Month Dec	Day 21	Age Years	73 yrs	Months	Days
Sex	Female		Color or Race	White		Birth- place	Ireland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Mania	How long	23 yrs.
Immediate	Pneumonia	How long	few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		No	

C. B. Benson M.D.
Mr Hope
Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>604 1st St. Canton</i> <small>Town</small> <i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1905 Dec. 26</i>	Age <i>26</i>	Months <i>16</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>	
Occupation <i>Home</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Thomas Lannon</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Kate Priddy</i>	Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Kate Lannon</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>10</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Warner</i>
	Address <i>1120 Highland</i>
Accident or Suicide?	

Jim A. Moran

Bonnie Brae Ann -

Name
in
Full

Annabell Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i> ^{Town}		<i>Bolton</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>Dec</i>	Day <i>29th</i>	Age <i>30</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>housewife</i>		Where Residing if not at place of death <i>St Denis Bolton</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Lee</i>		Father's Birthplace <i>—</i>		
Father's Name <i>—</i>		Mother's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>George Lee</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia preceded by influenza</i>	How long <i>Influenza 2 weeks</i>
Immediate <i>same</i>	How long <i>Pneumonia 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Howard Co Md</i>
Accident or Suicide? <i>no</i>	

Maud Hayzler
Louden Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Lineweber</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Highlandtown</i>		Month <i>Dec</i>		Day <i>10</i>		Years <i>—</i>	
Date of death <i>1905 Dec 10</i>		Age <i>—</i>		Months <i>—</i>		Days <i>2 1/2 hours</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>August Lineweber</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Fatie Hetcher</i>		Mother's Birthplace <i>Baltimore Md</i>					
Name of person giving information <i>John Lineweber</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth (7 months)</i>	How long <i>2 1/2 hours</i>
Immediate <i>n</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Richard M. L.</i>
	Address <i>910 S. Canton St., Baltimore</i>
Accident or Suicide? <i>No</i>	

St Paul Centre.

J Henning & Son

12/12/15

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sh. Dennis</i> ^{Town} <i>Baltimore</i> ^{County} <i>Co</i>		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Dec</i> ^{Day} <i>7</i> ^{Years} <i>35</i>	Age <i>35</i>		Months <i></i> Days <i></i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>	
M <i>Married</i> , Single or Widowed		Name of Wife or Husband <i></i>	
Father's Name <i>Erastus Levy</i>		Father's Birthplace <i>and</i>	
Mother's Maiden Name <i>Janet Russell</i>		Mother's Birthplace <i>and</i>	
Name of person giving information <i>Lewis H. Gundry M.D.</i>		How related to deceased <i></i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Paralysis</i>	How long <i>About 2 yrs</i>
Immediate <i>manicure</i>	How long <i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Lewis H. Gundry M.D.</i>
	Address <i>Sh. Dennis. Md</i>
Accident or Suicide? <i></i>	

Green Mount

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susanna Lissie*

Town *Randallstown* County *Baltimore* MARYLAND

Died at *Randallstown*

Date of death *190* *Dec* *27* Age *70* Months *3* Days *4*

Sex *Female* Color or Race *White* Birth-place *Poland*

Occupation *Housewife* Where Residing if not at place of death *Randallstown*

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Lissie*

Father's Name *John Stensil* Father's Birthplace *Poland*

Mother's Maiden Name *Susanna Stensil* Mother's Birthplace *Poland*

Name of person giving information *Mary Greenwood* How related to deceased *daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *100*

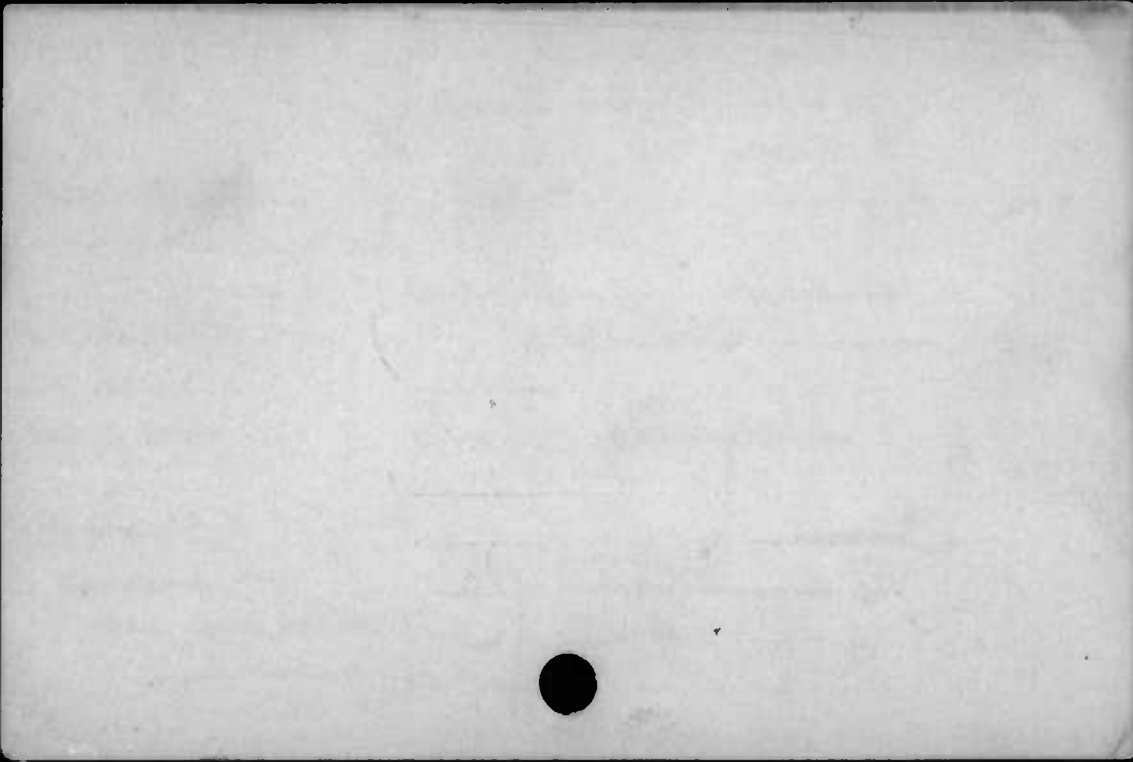
Immediate *Cardiac Asthenia* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. E. Robert*

Address *Roslyn Baltimore*

Accident or Suicide?



Name
in
Full

Thomas Loyon


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Randallstown		County Belt		MARYLAND	
Date of death		1905	Month 12	Day 31	Age 89	Months	Days
Sex Male		Color or Race White		Birth-place Ireland			
Occupation Labourer		Where Residing if not at place of death Randallstown Belt Co					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Dunbar		Father's Birthplace OK					
Mother's Maiden Name OK		Mother's Birthplace OK					
Name of person giving information H. J. L. Webb		How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease	How long	12 months
Immediate	Heart failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above? js		Signature of Physician 	
		Address H. J. L. Webb Randallstown Belt Co	
Accident or Suicide?			

New Cathedral Cemetery

M. F. & Sons

Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Alice Lyons

Town

County

MARYLAND

Died at Lloyd ave Arlington Balts.

Date

Month

Day

Years

Months

Days

of death 1905 Dec. 27 Age 48

Sex

Female

Color or
Race

white

Birth-
place

Balts. Md.

Occupation

Where Residing if not
at place of death

residence

Married, Single
or Widowed

widow

Name or Wife or
Husband

Geo. A. Lyons.

Father's
Name

Jesse T. Gosnell

Father's
Birthplace

Balts. Md.

Mother's
Maiden Name

Mary Mackenzie

Mother's
Birthplace

Balts. Md.

Name of person giving
In formation

Kellie Mary Lyons

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Cancer.

How long

1 year.

Immediate

Cheneston

How long

1 month

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

H. W. C. W. W.

Address

Arlington.

Accident or Suicide?

PHYSICIAN
OR CORONER

E M Matchell
Balto Cemetery

Name

In Full

James Francis McElroy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>Dec</i> ^{Day} <i>17th</i>	Age	<i>45</i> ^{Years}	<i>Unknown</i> ^{Months}	<i>Unknown</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth place	<i>Rhode Island</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>Providence R. I.</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Unknown</i>	Father's Birthplace		<i>Unknown</i>	
Mother's Maiden Name	<i>"</i>	Mother's Birthplace		<i>"</i>	
Name of person giving information	<i>Reeds mt Hope Retreat</i>	How related to deceased		<i>not at all</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER


Primary	<i>Epilepsy</i>	How long	<i>over 8 yrs</i>
Immediate	<i>Status Epilepticus</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Frank J. Flannery</i>	
Address		<i>mt Hope Retreat</i>	
		<i>Baltimore Co Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	190 <i>2</i>	Month	12	Day	16	Age	Years 20
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ireland</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

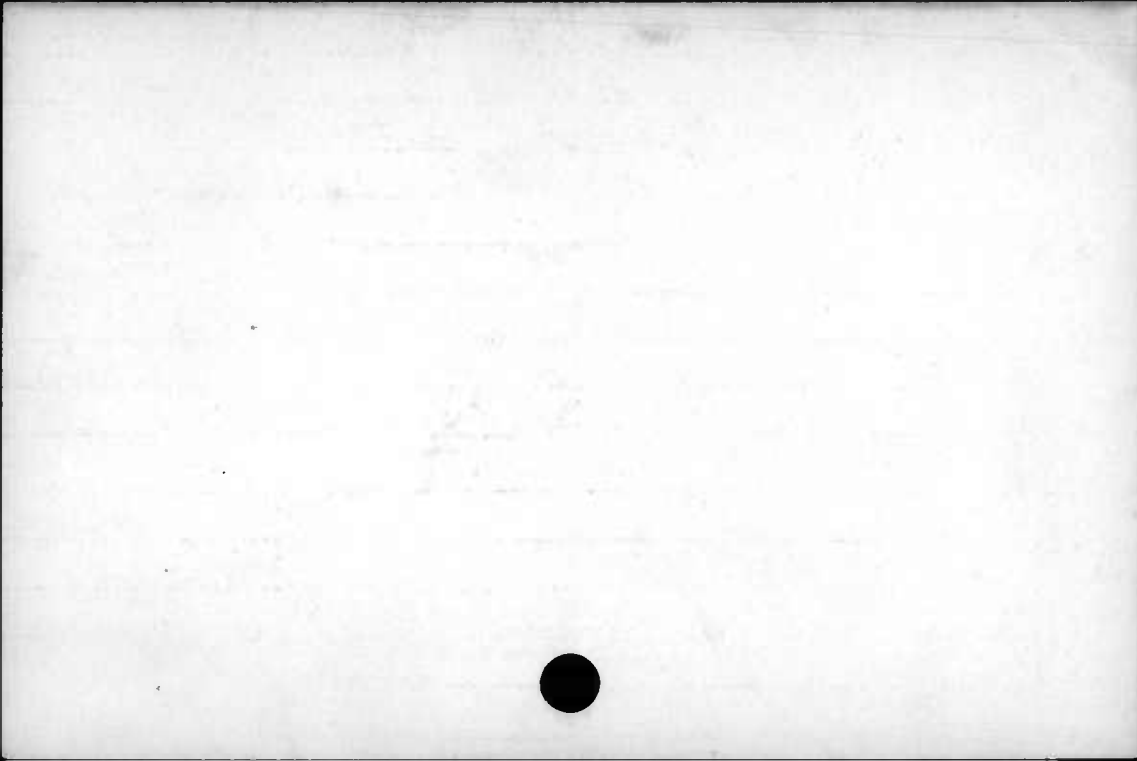
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		<i>Frank Worsey M.D.</i>
		Address
		<i>St. Agnes Hospital</i>
Accident or Suicide?		



Name in Full		William D		Mc Millan		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Arlington		Baltimore		MARYLAND	
		Date of death		Month		Day	
		1903		Dec		4	
		Age		Years		Months	
		66		—		Days	
Sex		Male		Color or Race		White	
Birth-place		Baltimore Md		Occupation		None	
Where Residing if not at place of death		—		Married, Single or Widowed		Name of Wife or Husband	
Married		Married		Lama Mc Millan		Father's Name	
George G Mc Millan		Father's Birthplace		Pa		Mother's Maiden Name	
E. Liza Dickinson		Mother's Birthplace		Baltimore Md		Name of person giving information	
Henry Duffly		How related to deceased		Nephew			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Lower Motor Atrophia		How long	
		Immediate		Cerebral Hemorrhage (Alcoholic)		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	
		Address		Baltimore		Accident or Suicide?	



Name
in
Full

Elija Madden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oregon</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>12</i>	Day <i>27</i>	Age <i>78</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Glyndon Md.</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death <i>Oregon D.C. Md.</i>			
Married, Single or Widowed				Name of Wife or Husband <i>Eloworth Madden</i>			
Father's Name	<i>Joseph Madden</i>					Father's Birthplace	<i>Don't Know</i>
Mother's Maiden Name	<i>Mary Madden</i>					Mother's Birthplace	<i>" "</i>
Name of person giving In formation	<i>Harry Madden</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer, Heart Disease</i>	How long	<i>46 yrs</i>
Immediate	<i>Heart failure & Pressure</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. B. Orbach</i>	
Address		<i>Baltimore Md</i>	
Accident or Suicide?			

To Be Reprinted at
Gaulthier's Office
By Emerson & Price

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Hope Retreat</i> <small>Town</small> <i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>190</i> <small>Month</small> <i>Dec</i> <small>Day</small> <i>15th</i> <small>Years</small> <i>About 65 yrs</i> <small>Months</small> <i>—</i> <small>Days</small> <i>—</i>			
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>—</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>	How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Epileptic Mania</i>	How long <i>26 yrs</i>
Immediate <i>Cardiac Atrophy & Pulmonary oedema</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. B. Fusor M.D.</i>
	Address <i>Int Hope</i>
Accident or Suicide? <i>No</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date		Month		Day		Years	
of death		1905 Dec		1st		Age 33	
Sex		Male		Color or Race		White	
Occupation		Liquor Dealer		Where Residing if not at place of death		Balto Md	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	2
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. B. Ensor M.D.	
		Address	
		Int 7609e	
		Md	
Accident or Suicide?			



Name
in
Full

Mary A. Merriott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town White Marsh		County Baltimore		MARYLAND	
Date of death		1905	Month Dec	Day 15	Age 72	Years 72	Months 1
Sex		Female		Color or Race white		Birth-place Md	
Occupation Hd				Where Residing if not at place of death			
Married, Single or Widowed		widow		Name of Wife or Husband			
Father's Name		Bruce Plummer				Father's Birthplace Md	
Mother's Maiden Name		Auntie Beach				Mother's Birthplace Md	
Name of person giving information		Mrs. R. H. Vincent				How related to deceased Sister in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Natural Causes	How long	79	How long	79
Immediate	Heart Failure	How long		How long	
Are the name, age, sex, color, date and place correctly given above?		yrb			
Signature of Physician		Wm. J. Gendlin			
Address		Larney			
Accident or Suicide?		no			

Cedar Hill Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Miller</i>		Town <i>Gorantown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1905 Dec 7</i>		Age <i>28</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i>Gorantown</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Leon Miller</i>					
Father's Name <i>Henry Lautenschlager</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Mary Buchak</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Leon Miller</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Deegan</i>
	Address <i>Gorantown Md</i>
Accident or Suicide? <i>—</i>	

Evans & Spence

Baltimore Cemetery.

Name
in
Full

Melvia May Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ruhls</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	Month <u>Dec.</u>	Day <u>9</u>	Age <u>5</u> ^{Years}	Months <u>7</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Ruhls.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>School Girl</u>		
Name of Wife or Husband					
Father's Name <u>Samuel S Miller</u>			Father's Birthplace <u>Balto Co Md</u>		
Mother's Maiden Name <u>Mary E. G. G. G.</u>			Mother's Birthplace <u>11 11 Md.</u>		
Name of person giving information <u>Samuel S. Miller</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tubercular Meningitis.</u>	How long <u>3 weeks</u>
Immediate <u>Young</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo J. H. H.</u>
	Address <u>Her Friend</u>
Accident or Suicide?	



Name
in
Full

Bentley Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Spinnis Point		County Baltimore		MARYLAND	
Date of death	1905	Month Dec.	Day 22	Age	3	Months	Days
Sex	Female		Color or Race	Negro		Birth- place	Spinnis Point
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			James Moore		Father's Birthplace		
Mother's Maiden Name			Victoria Edmund		Mother's Birthplace		
Name of person giving In formation			James Moore		How related to deceased		
					Factor		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Prickles	How long	2 years
Immediate	Pneumonia	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		F. C. Elwood	
Address		Spinnis Point	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

William H Moran

Town

County

Died at

Emory Grove

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

Dec

8

Age

44

Sex

Male

Color or
Race

white

Birth-
place

Baltimore Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

widowed

Name of Wife or
Husband

Julie Wisner

Father's
Name

Peter Moran

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Rachel Whitcomb

Mother's
Birthplace

" " " "

Name of person giving
Information

Peter Moran

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Killed on W & A Trains

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

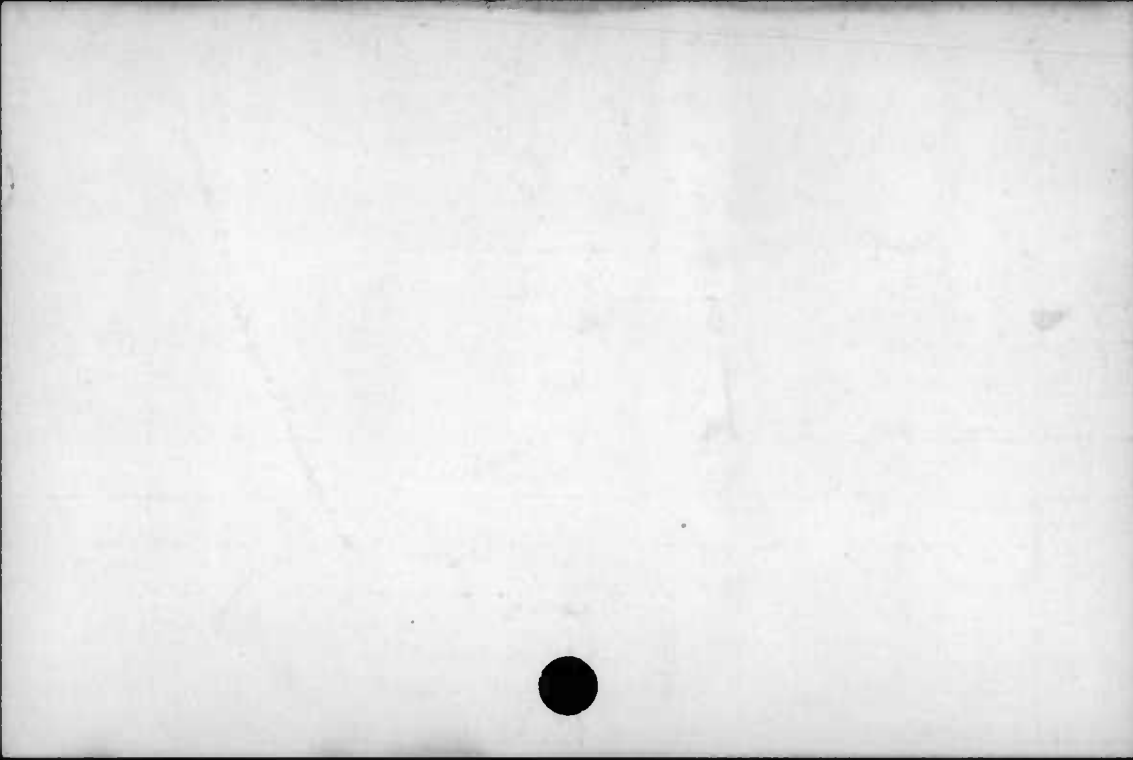
Signature of
Physician

Address

Kittie C. [Signature]
Glenwood, Md

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Levin T. Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sparrow Point ^{County} Baltimore MARYLAND

Date of death 1905 ^{Month} Dec ^{Day} 15th Age ^{Years} — ^{Months} 1 ^{Days} 14

Sex Male Color or Race white Birth-place Md.

Occupation — Where Residing if not at place of death —

~~Married~~, Single
~~or Widowed~~

Name of Wife or
Husband —

Father's Name Frank Morrison.

Father's Birthplace Md.

Mother's Maiden Name Flossy Green

Mother's Birthplace Va.

Name of person giving Information Frank Morrison

How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Capillary Bronchitis How long 2 days

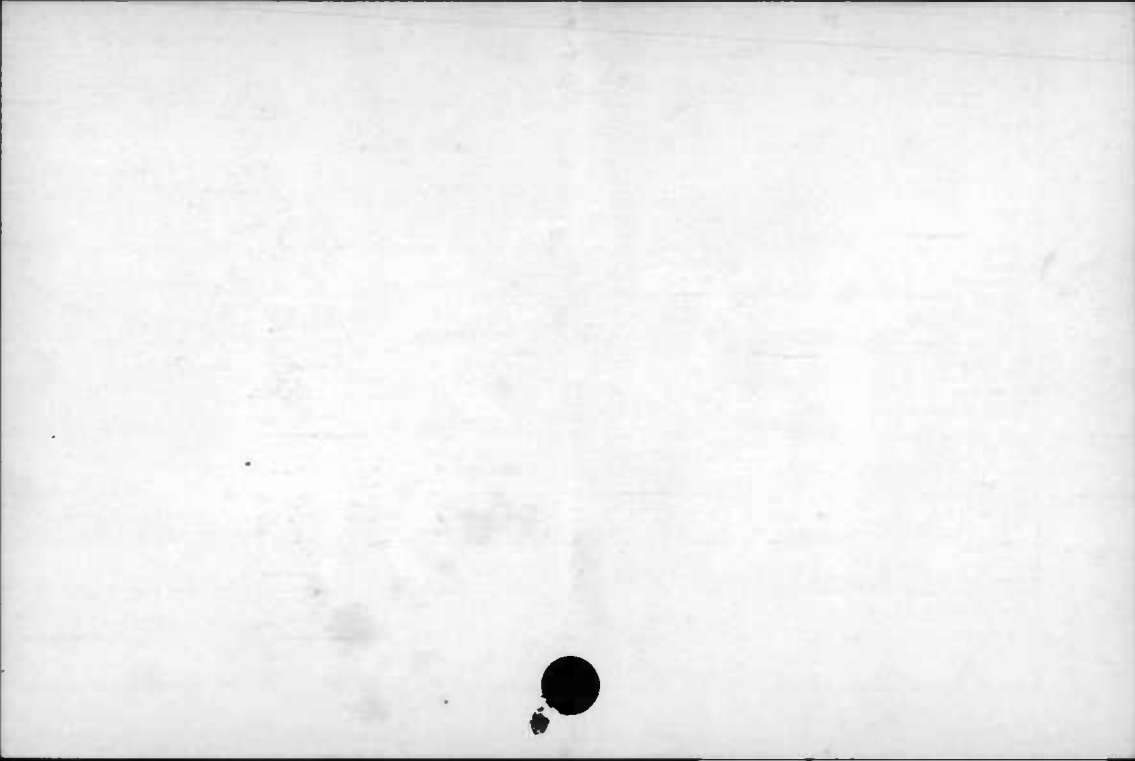
Immediate Convulsions How long 4 or 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician G. C. McComick, M.D.

Address Sparrow Point Md.

Examiner or Guide? —



Name
in
Full

Blanche C. Nelson

CERTIFICATE OF DEATH

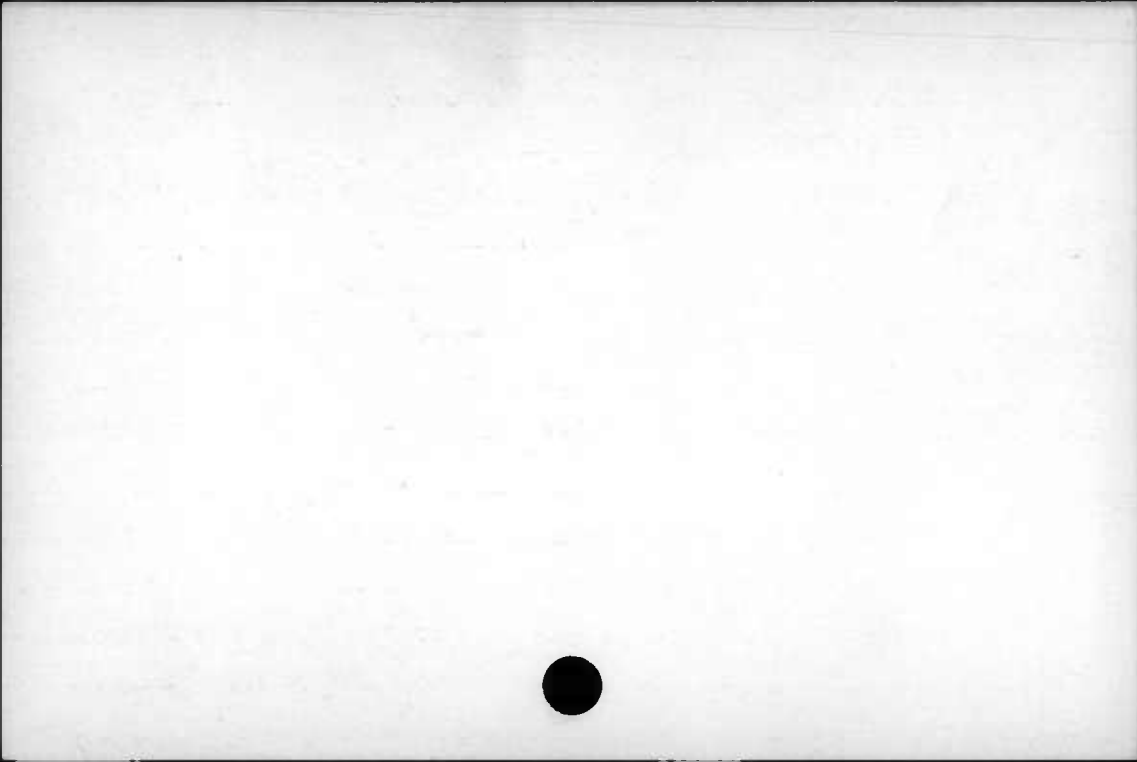
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Stevenson		County Baltimore		MARYLAND	
Date of death		Month Dec	Day 28,	Age Years 26	Months —		Days —
Sex	Female		Color or Race	Colored		Birth- place	Calvert Co.
Occupation	House-wife			Where Residing if not at place of death —			
Married, Single or Widowed	Married		Name of Wife or Husband George A. Nelson				
Father's Name	John D. Rice					Father's Birthplace	Calvert Co.
Mother's Maiden Name	Mary C. Tyler					Mother's Birthplace	Calvert Co.
Name of person giving In formation	Geo. A. Nelson					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Pulmonary (Laryngeal) probably a year		How long
	Immediate	Anemia and Nephritis		How long
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
	Accident or Suicide?		No	Address

W. B. McDonald, M.D.
1305 Linden Ave.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mt Hope Reisterstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month <i>Dec</i>	Day <i>16th</i>	Age	5	Years	5
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Ireland</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>unknown</i>				
Father's Name	<i>unknown</i>					Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>"</i>					Mother's Birthplace	<i>"</i>
Name of person giving In formation	<i>Reeds Mt Hope</i>					How related to deceased	<i>not at all</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Melancholia -</i>	How long	<i>abt 4 yrs</i>
Immediate	<i>Ex Haemo</i>	How long	<i>24 hrs -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>		
	Address <i>Mt Hope Reisterstown</i>		
	<i>Baltimore Co Md</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

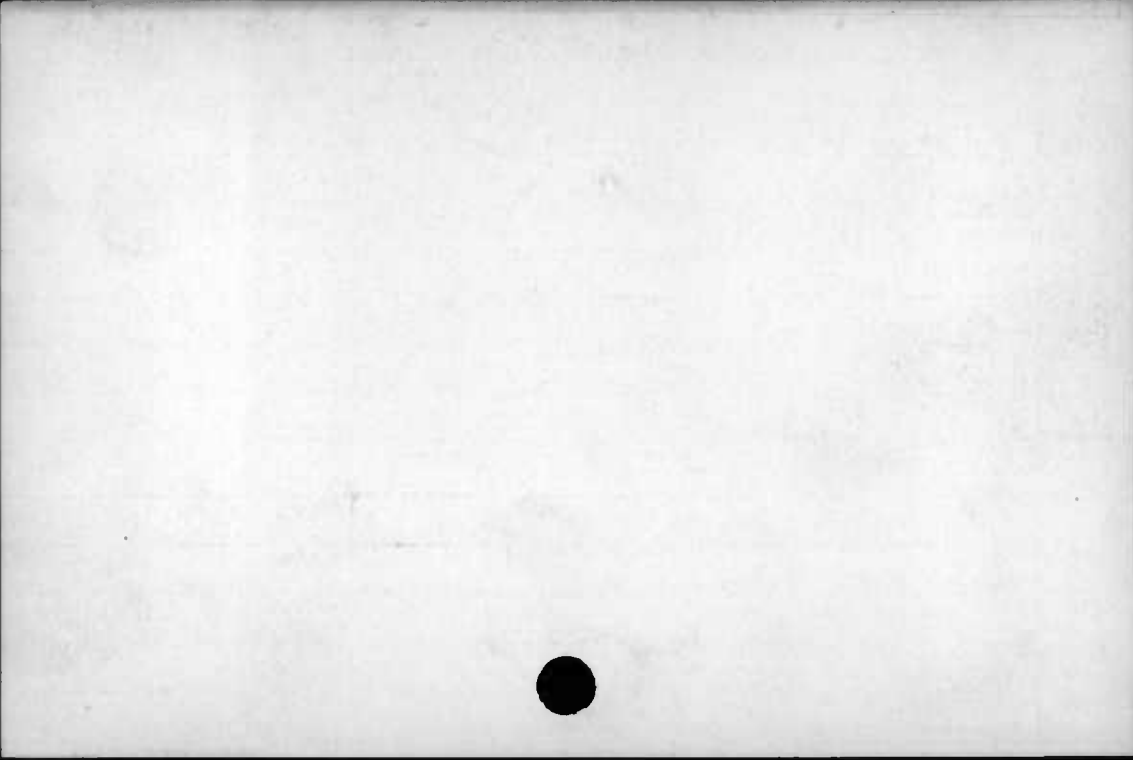
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine Owings</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Pikesville</i>		Month <i>Dec</i>		Day <i>12</i>		Age <i>65</i>	
Date of death <i>1902</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto Co Md</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Garney Owings</i>		Father's Birthplace <i>Balto Co Md</i>					
Mother's Maiden Name <i>Mary A Ford</i>		Mother's Birthplace <i>Honfard Co Md</i>					
Name of person giving information <i>Sarah A Owings</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Vascular heart disease</i>	How long <i>several years</i>
Immediate <i>Chamman</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W J E Mm</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide?	



Name
in
Full

Peter Podorsch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sparrows Point Balto.

Town

County

MARYLAND

Date of death 1905 Dec.

Month

Day

Years

Months

Days

Age 35-

Sex Male

Color or
Race

White

Birth-
place

Austria

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Joe Blair

How related
to deceased

CAUSES OF DEATH

Primary

Hit by motor car

How long

Immediate

Accident -

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

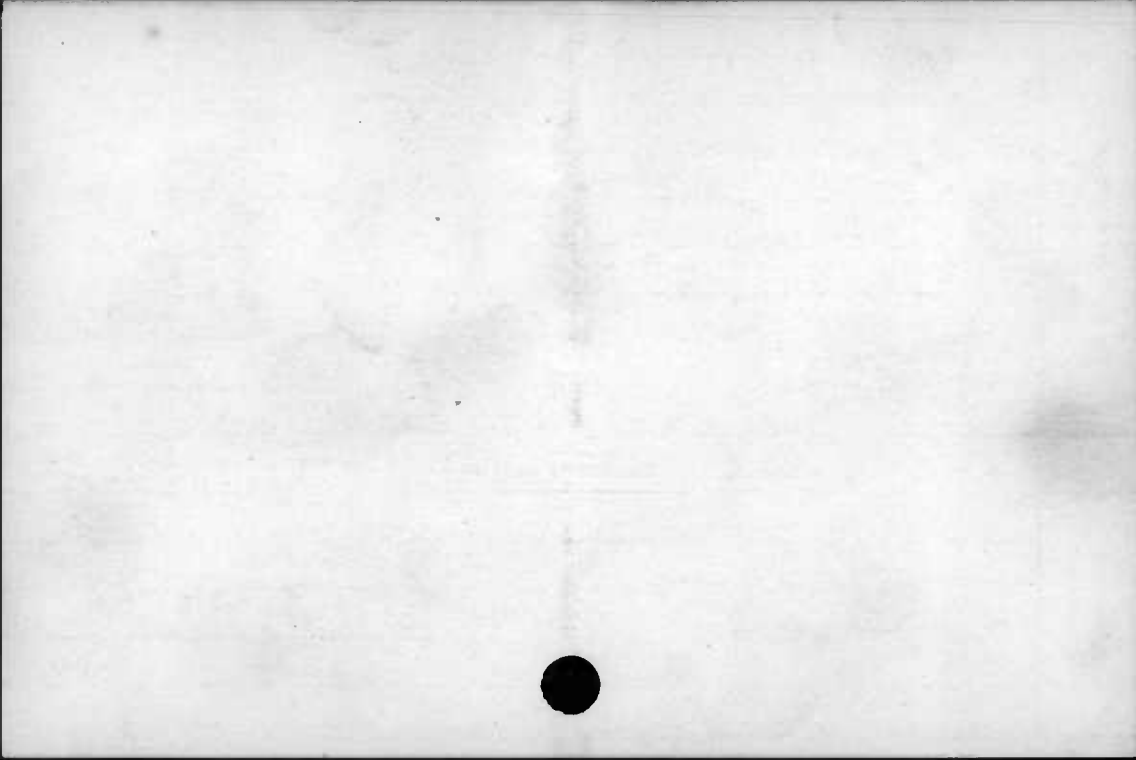
Address

Joe Blair, M.D.
Sparrows Point
Md

Accident or Suicide?

Accident

PHYSICIAN
OR CORONER



Name
in
Full

Victor. Radowicz

CERTIFICATE OF DEATH

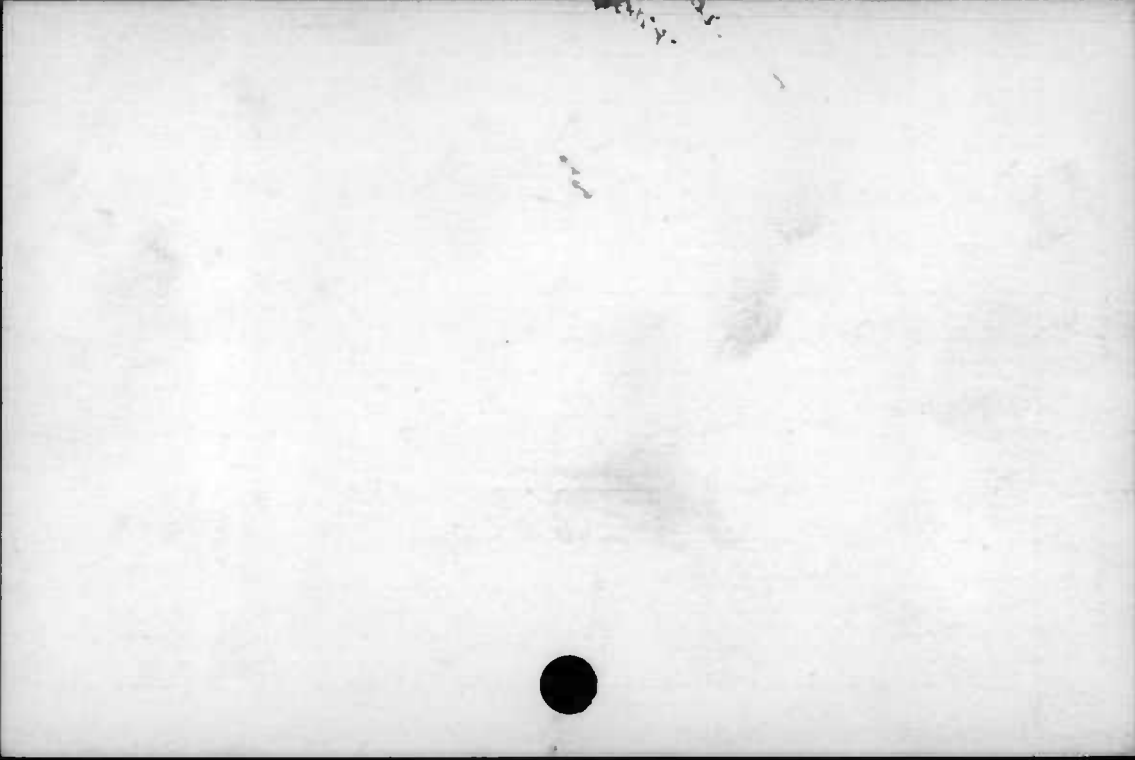
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1905	Month	Apr 13	Day	1	Age	39
Sex	Male	Color or Race	White	Birth-place	Lithuania		
Occupation	Tailor.		Where Residing if not at place of death		Gardenville		
Married, Single or Widowed	Married		Name of Wife or Husband		Juliana Radowicz		
Father's Name	Viktor Radowicz		Father's Birthplace		Lithuania		
Mother's Maiden Name	Elizabeth Jasaitis		Mother's Birthplace		Lithuania		
Name of person giving information	Martin Radowicz Brother		How related to deceased		Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>two years</i>
Immediate	<i>Asphyxia</i>	How long	<i>one month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>		
	Address <i>1504 E Eager St</i>		
	<i>Real City</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

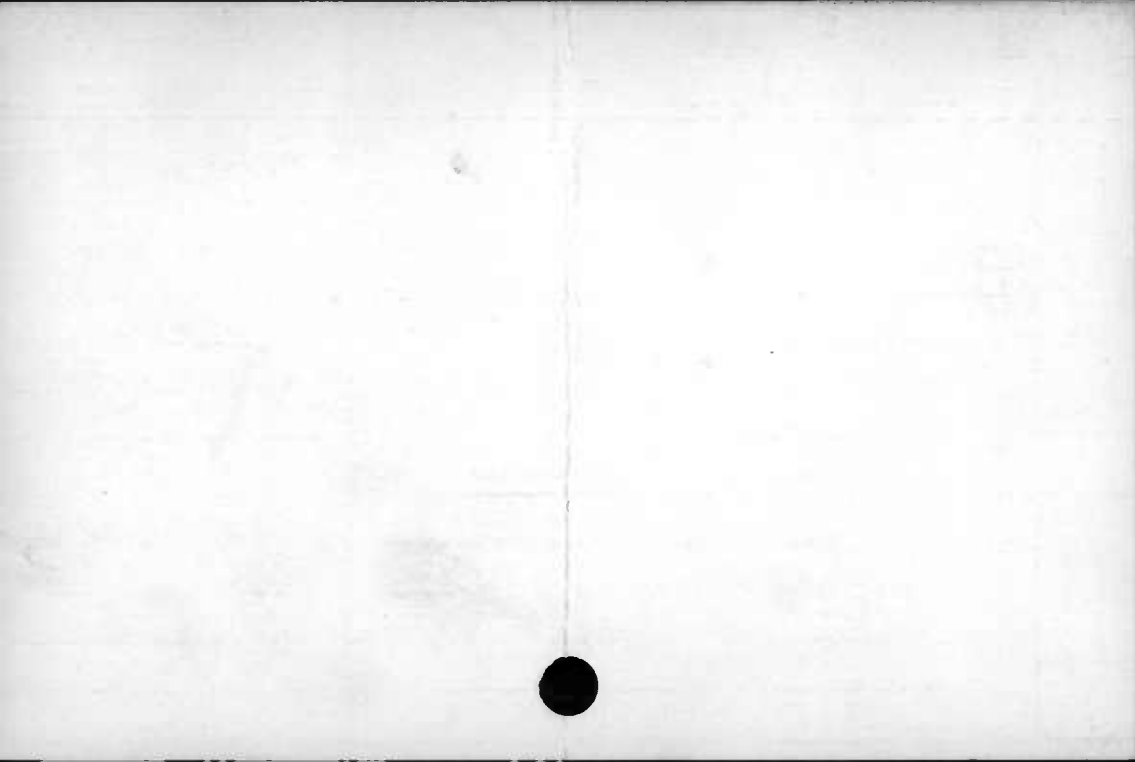
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Sophia Royston</i>		Town <i>Hanna</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>13</i>		Years <i>88</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto Co.</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Callet Royston</i>					
Father's Name <i>Nashel Cole</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Jemima Ensor</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mrs Belt</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile degeneration</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. M. Sherrington</i>
<i>So far as known</i>		Address <i>Elmer, Ind.</i>
Accident or Suicide?		



Name
in
Full

Georgiana Russell

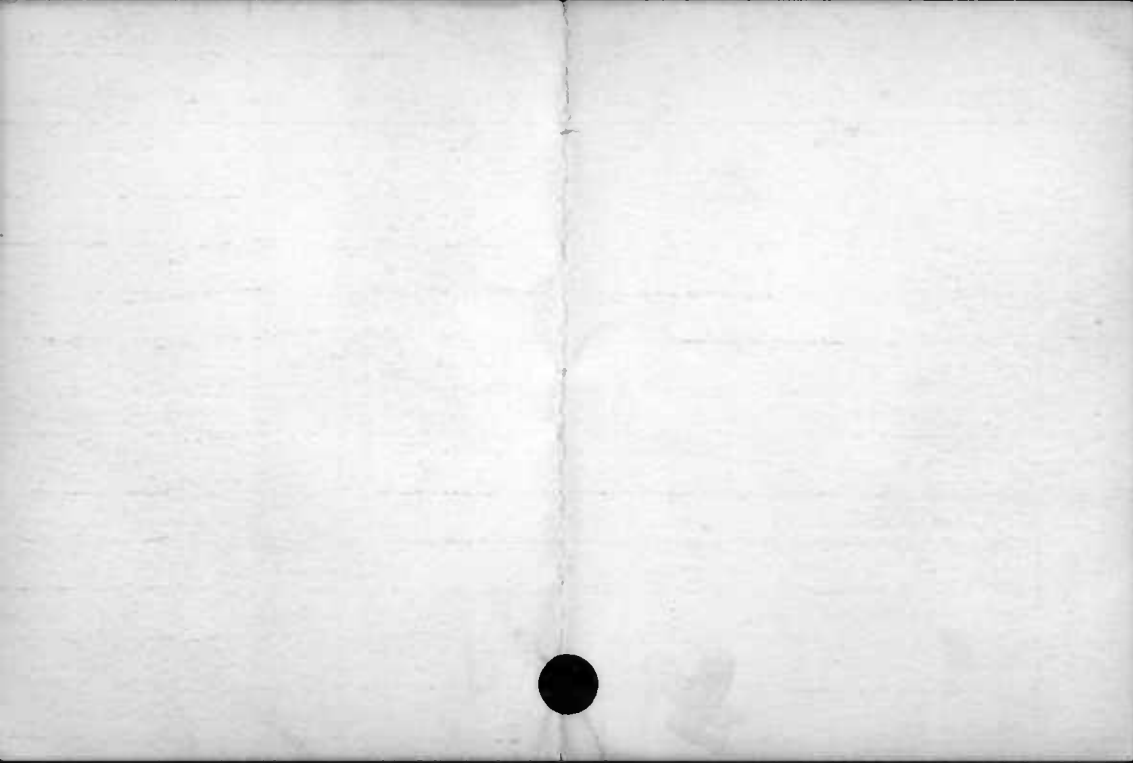
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Dec	26	77			
Sex		Color or Race		Birth-place			
Female		Cordover		Md			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Wm H Russell					
Father's Name		Father's Birthplace					
David Jones		Md					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Wm H Russell		Husband					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cerebral apoplexy		How long	64
	Immediate			How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		G. V. Moore		
	Address		Bossmile Md		
Accident or Suicide?		—			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

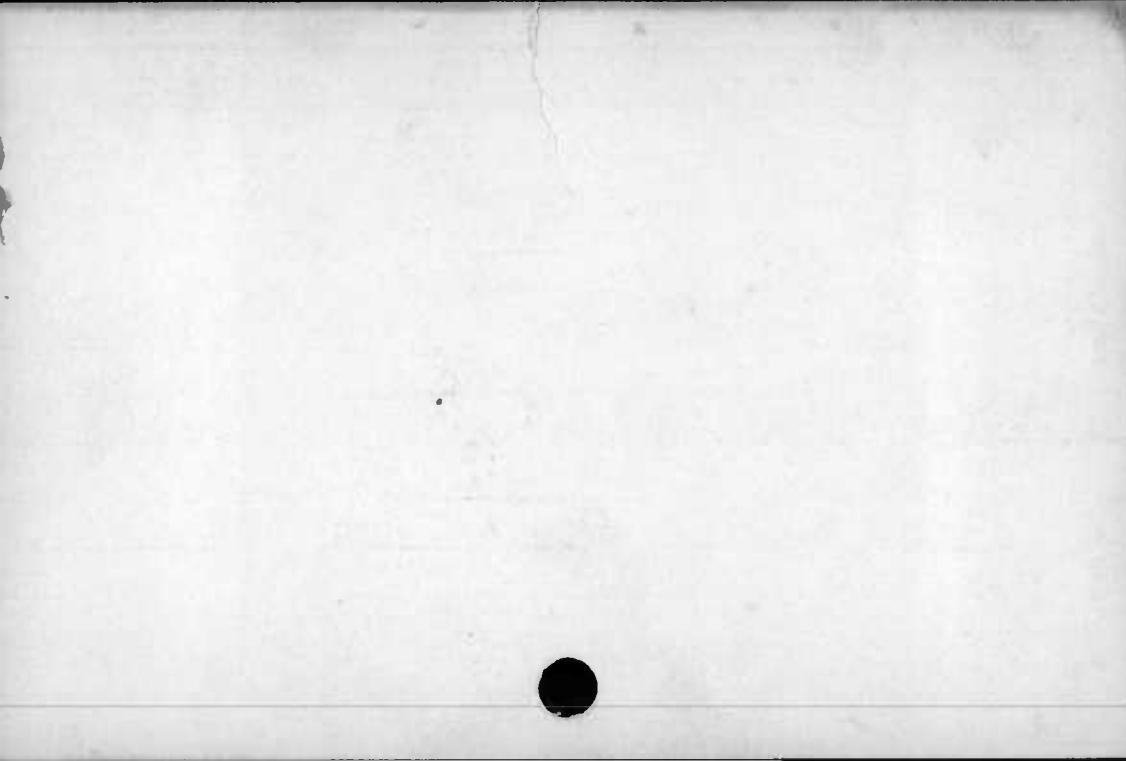
MARYLAND

Died at <i>Glyndon</i> Town <i>Balto</i> County					
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>22</i>	Years <i>16</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Carroll Co. Md</i>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Wm Reister</i>	Father's Birthplace <i>Balto Co Md</i>				
Mother's Maiden Name <i>Annie Parker</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Annie Parker</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

Primary <i>Mal-nutrition</i>	How long <i>2 yrs.</i>
Immediate <i>Anemia</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Westmont</i>
	Address <i>1300 17th Ave.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name in Full		Margaret Reitz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Franklinstown		Baltimore		MARYLAND	
	Date of death	1905	Dec	8	Age	1	3 Months 23 Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Franklinstown	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Frederick W. Reitz				Father's Birthplace	Germany.
	Mother's Maiden Name	Helen Mahlmann				Mother's Birthplace	Germany.
Name of person giving information	Helen Reitz				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Whooping Cough				How long	2 weeks
	Immediate	Convulsion				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	In				Address		
	Accident or Suicide?				P. C. Smith Woodlawn Sta Md.		

Joseph B Cook
Lorraine Cunn
Dec. 9 1905,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Elroy Robinson</i>		Town <i>St Denis</i>		County <i>Balto county</i>		MARYLAND	
Died at <i>St Denis</i>		Month <i>Dec</i>		Day <i>10</i>		Years <i>48</i>	
Date of death <i>1905</i>		Months <i>3</i>		Days <i>12</i>			
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Clark co. Va</i>			
Occupation <i>cook</i>		Where Residing if not at place of death					
Married, <input checked="" type="checkbox"/> or Widowed		Name of Wife or Husband <i>Lizzie Robinson</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Christopher Williams</i>				How related to deceased <i>Wife's Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Stevens M.D.</i>
	Address <i>St Denis. Balto co</i>
Accident or Suicide?	<i>and</i>

How

Crowdenorth.

Name
in
Full

Ellie Rogers

CERTIFICATE OF DEATH

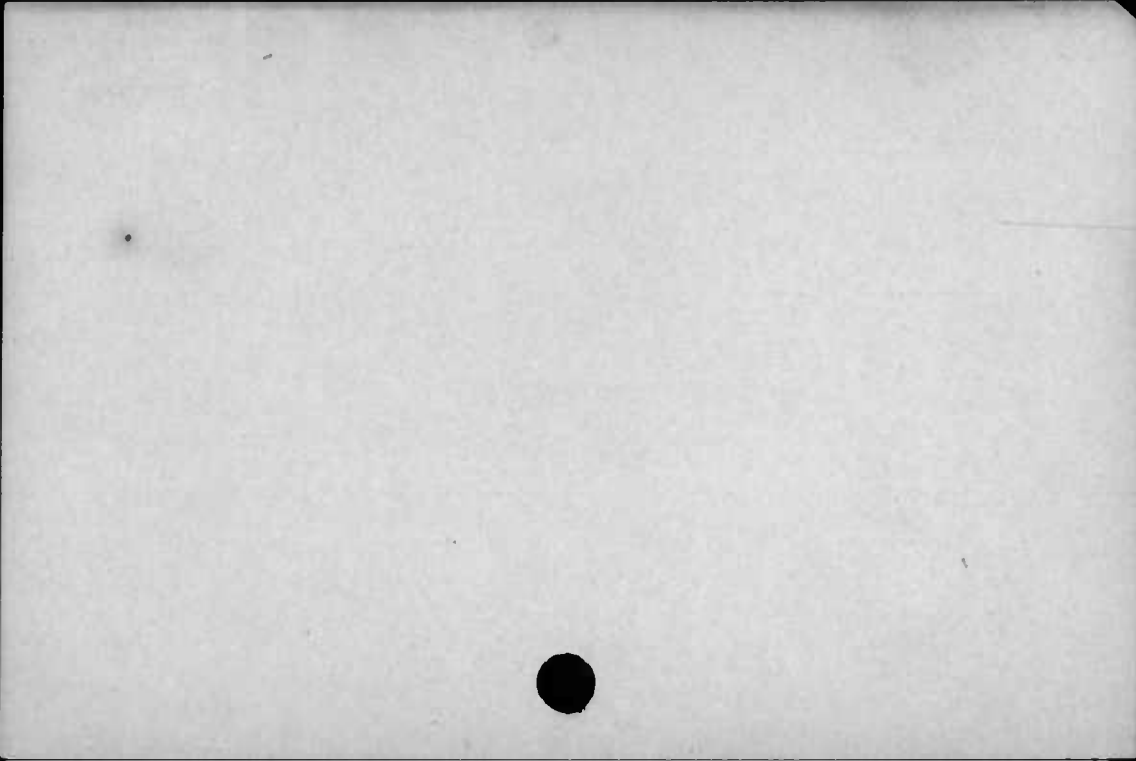
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockdale</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>12</i>	Day <i>20</i>	Age <i>58</i> Years
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>Baltimore</i>	Months Days
Occupation <i>Labourer</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Adelle Rogers</i>	Father's Birthplace <i>Ma</i>		
Mother's Maiden Name	Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Lee Louis</i>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exposure</i>	How long <i>29</i>
Immediate <i>Heart disease</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Webb</i>
	Address <i>Randallstown</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Elizabeth C. Rühl

Town *Mt. Airans* County *Baltimore* MARYLAND
 Died at
 Date 19 *05* Month *12* Day *27* Age *73* Y. M. D. Native of *Germany* Occupation *Housewife*
 Male ☒ Female ☒ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *2*

Wife of *Henry Rühl*
 Father's Name *unknown* Mother's Maiden Name *unknown*

Cause of Death { Primary *Strangulated Umbilical Hernia* Immediate *Gangrene & Exhaustion* How long sick *4 days*
 Accident, Suicide, Homicide

Reported by *C. P. Strauss M.D.*
 Address *1606 Light St. Baltimore Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70806

Joseph Shutebuck

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah C Saumunig

Town

County

Died at

Hennwood

Baltimore

MARYLAND

Date

1905

Month

Oct

Day

27

Age

Years

70

Months

0

Days

11

Sex

Female

Color or
Race

white

Birth-
place

Ind.

Occupation

H.R.

Where Residing if not
at place of death

Same

Married, Single
or Widowed

widowed

Name of Wife or
Husband

Henry Saumunig (deceased)

Father's
Name

Henry Saumunig

Father's
Birthplace

Ind

Mother's
Maiden Name

Sarah Ciselin

Mother's
Birthplace

Ind

Name of person giving
In formation

Alice Saumunig

How related
to deceased

daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Multiple Intestinal Fibroma

How long

about 7 months

Immediate

Exhaustion & Coma

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R. J. Triple (us)
Baltimore Ind.

Accident or Suicide?

—



Name
in
Full

Helen Sawyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1905		Dec		22		Age 20	
Sex		Color or Race		Birth-place		Months	
Female		White		Md		Days	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Married		Charles Sawyer					
Father's Name		Father's Birthplace					
Louis Prater		Md					
Mother's Maiden Name		Mother's Birthplace					
Maggie Martin		Md					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Organic Heartdiseases	Two weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	B. Villars
	Address
	Rossvelt
	Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

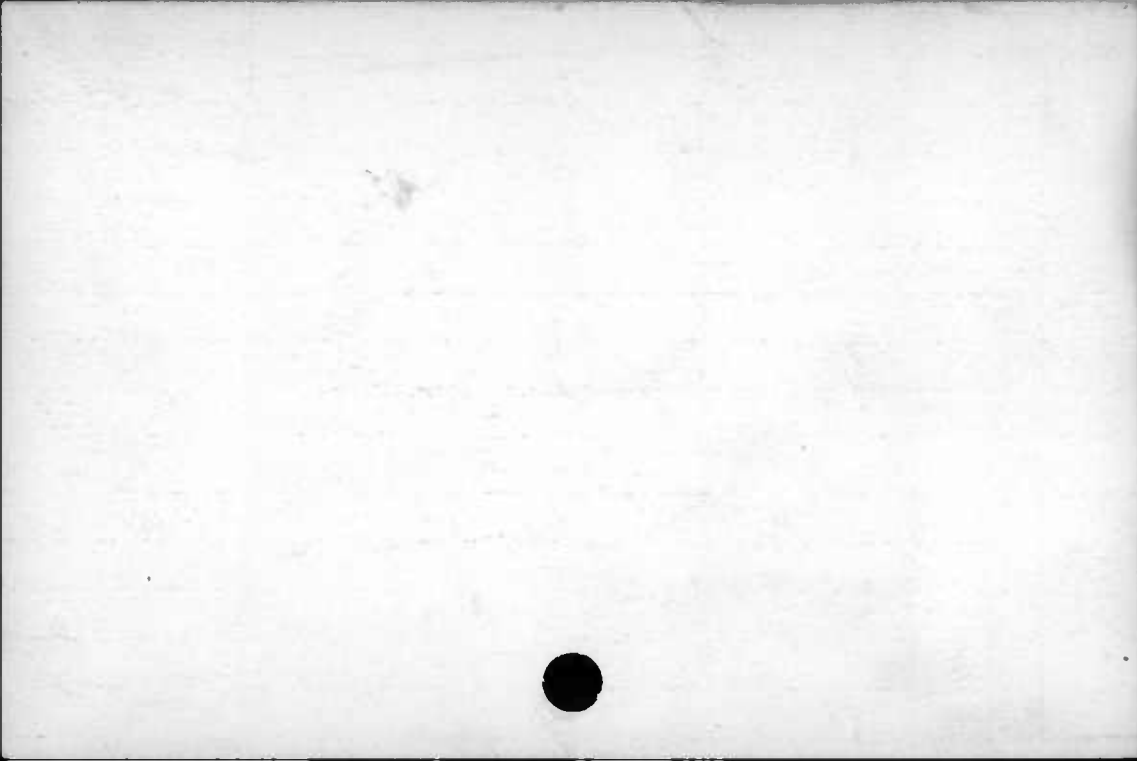
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brosswood</i>		Town <i>Sawyer</i>		County <i>Bald</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>23</i>	Age	Years	Months	Days	<i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Charles Sawyer</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Helen Parker</i>			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

Primary <i>Acute Inanition</i>	How long <i>9 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. C. Miller</i>
	Address <i>Brosswood Ind</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

County
Balis

Age 33 Years

Days

Birth-place *Amurca*

Where Residing if not
at place of death

Name of Wife or
Husband

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

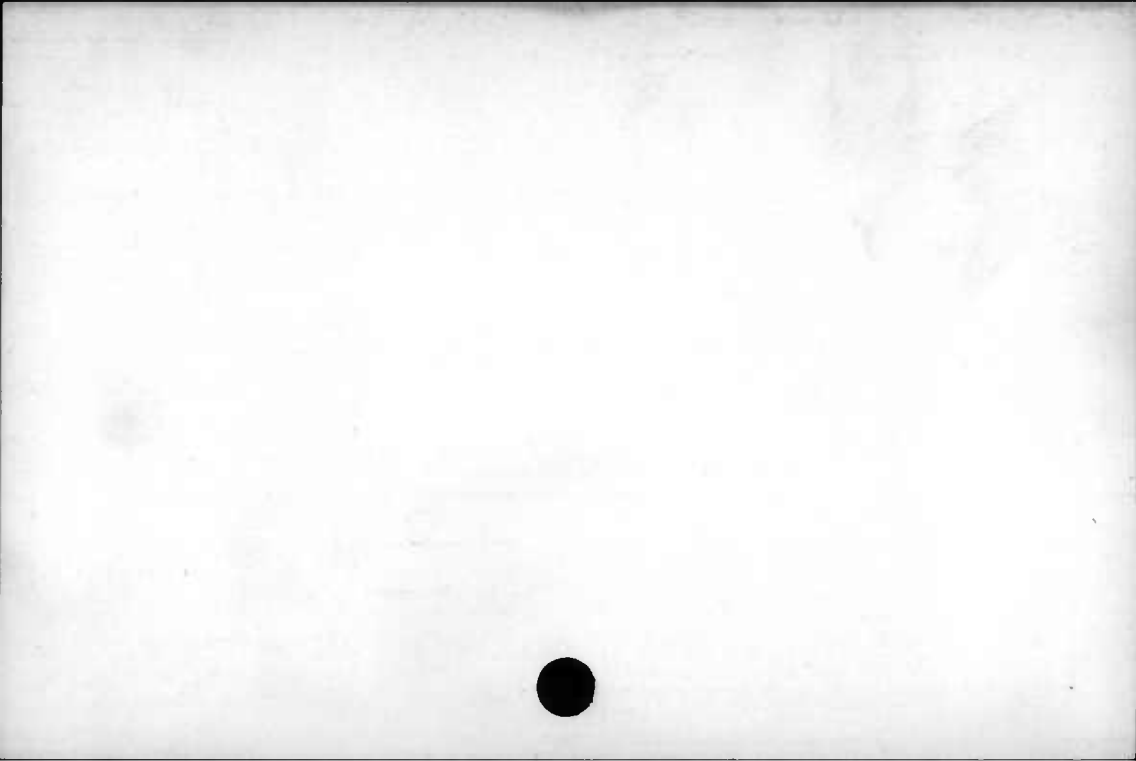
How long

How long

Signature of Physician

Address

Accident or Suicide?



PHYSICIAN
OR CORONERLIBRARY BUREAU AG4516

Sacred Heart Cemetery

Dec. 24 th 1903

Germanus France

Undertaker

Name in Full

Certificate of Death

John Marvin Schultz
 Town County
 Died at Pimacost. Balto. MARYLAND
 Date 1906 12 14 Y. M. D. Age 2 10
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

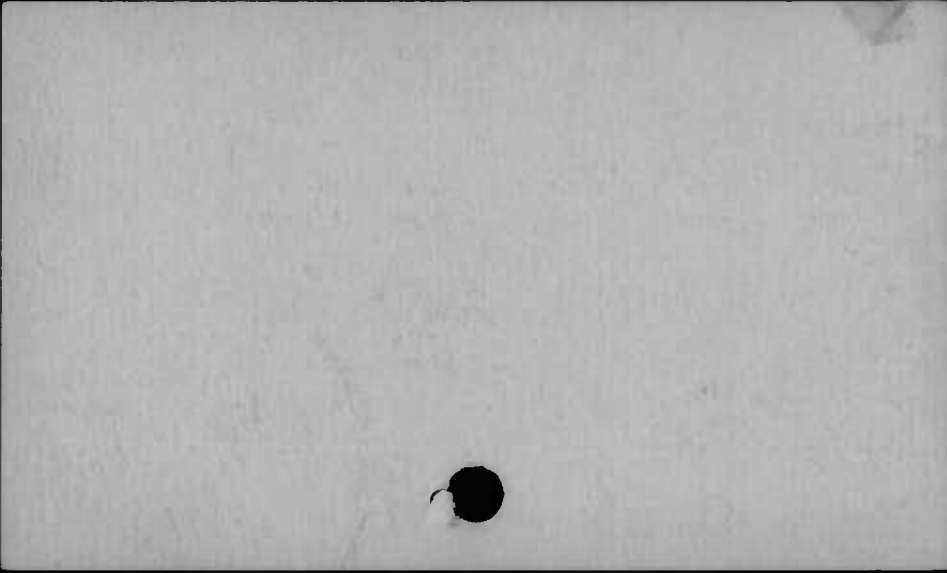
Husband of
 Wife

Father's Name Andrew R. Schultz Mother's Name Florence C. Miller

Cause of Death Primary Lobar Pneumonia How long sick 2 weeks.
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by Edgum M. Bush M.D.
 Address Hartsfield, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Max. Schumann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Shum's Point.*

Town

County

*Baltimore*Date of death *1905*

Month

Dec.

Day

25

Age

Years

29

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Labourer*Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
HusbandFather's
Name*Mat Schuman*Father's
BirthplaceMother's
Maiden Name*Mat Schuman*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

17 days

Immediate

Exhaustion

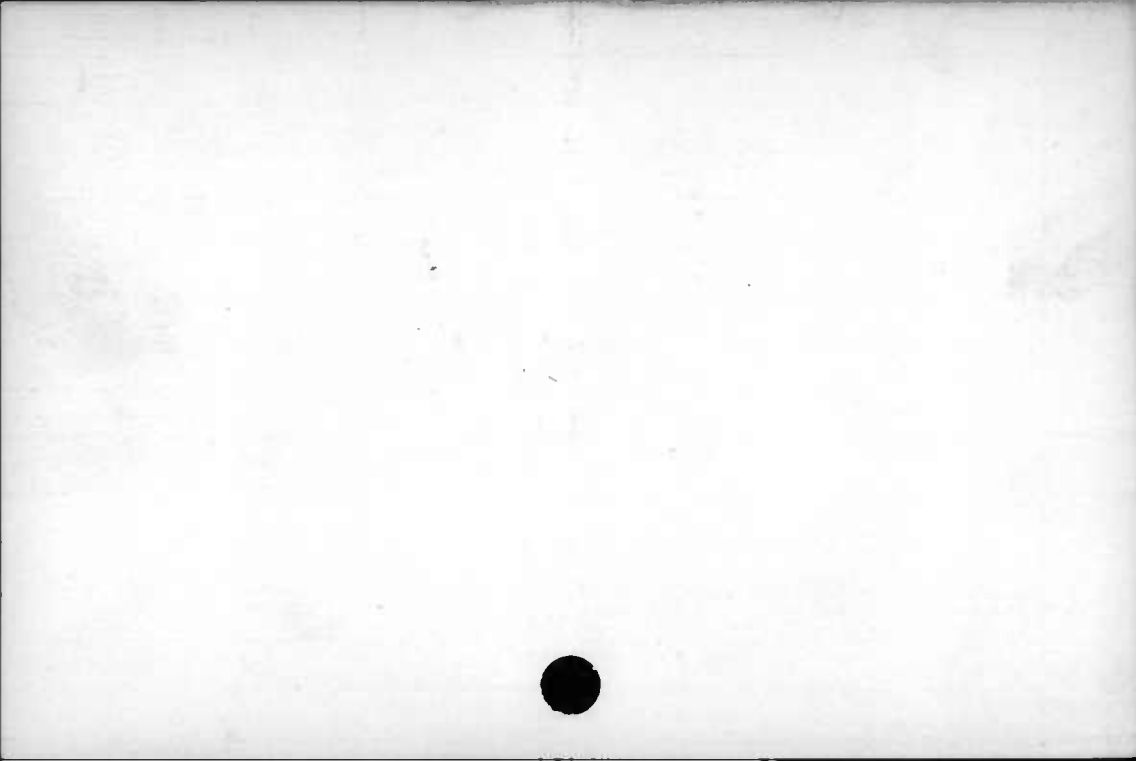
How long

*A few hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*F. C. Eldred*

Address

Shum's Point

Accident or Suicide?



Name
in
Full

(Scott) Henry G.

CERTIFICATE OF DEATH

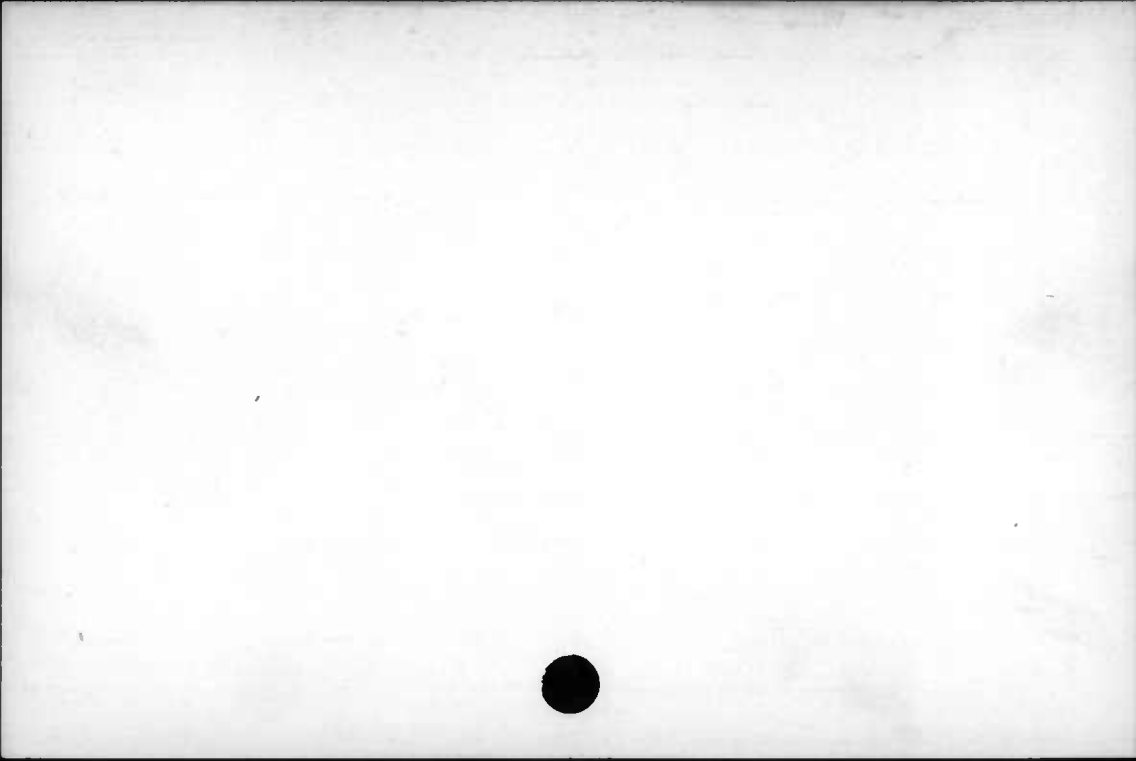
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leontonsville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	<u>Dec</u> ^{Month}	<u>13</u> ^{Day}	Age <u>46</u> ^{Years}	<u>Months</u> <u>Days</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>X</u>	Father's Birthplace				
Mother's Maiden Name <u>X</u>	Mother's Birthplace				
Name of person giving information <u>X</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dementia</u>	How long <u>25 yrs.</u>
Immediate <u>Gen Peritonitis following intestinal obstruction.</u>	How long <u>5 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Wm. H. H. H.</u>
	Address <u>Leontonsville, Md.</u>
Accident or Suicide? <u>No.</u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND
	Date of death <i>1905 Dec.</i> <small>Month</small>		<i>10</i> <small>Day</small>	<i>32</i> <small>Years</small>	<i>8</i> <small>Months</small> <i>7</i> <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>		
	Occupation <i>None</i>		Where Residing if not at place of death <i>_____</i>		
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>_____</i>			
	Father's Name <i>Joseph Kiefer</i>	Father's Birthplace <i>Baltimore</i>			
	Mother's Maiden Name <i>Amie R. Bochner</i>	Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Joseph Kiefer</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pulmonary tuberculosis</i>			How long <i>1 yr.</i>	
	Immediate <i>Pulmonary tuberculosis</i>			How long <i>1 yr.</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>L. J. Shannon M.D.</i>	
				Address <i>401 N. Fulton Ave. Baltimore Md.</i>	
Accident or Suicide? <i>_____</i>					

Trinity Cemetery
H. Sander & Sons.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Elizabeth Sherdine</i>		Town <i>Balto. Co.</i>		County <i>Alumhouse</i>	
Died at					
Date of death	Month	Day	Age	Years	Months
<i>1905</i>	<i>12</i>	<i>11</i>	<i>.80</i>		
Sex	Color or Race		Birth-place		
<i>Female</i>	<i>negro</i>		<i>Balto. Co. Md</i>		
Occupation	Where Residing if not at place of death				
<i>COOK</i>					
Married, Single or Widowed	Name of Wife or Husband				
<i>widow</i>	<i>George Sherdine</i>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Shock from self inflicted injury</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<i>Thos. C. Blissett</i>
	Address
	<i>Texas</i>
	<i>Md.</i>
Accident or Suicide?	

Alex Hemmley Undertaker

Trin Churchyard

Grove,

Name
in
Full

Frank H. R. Simmout

CERTIFICATE OF DEATH

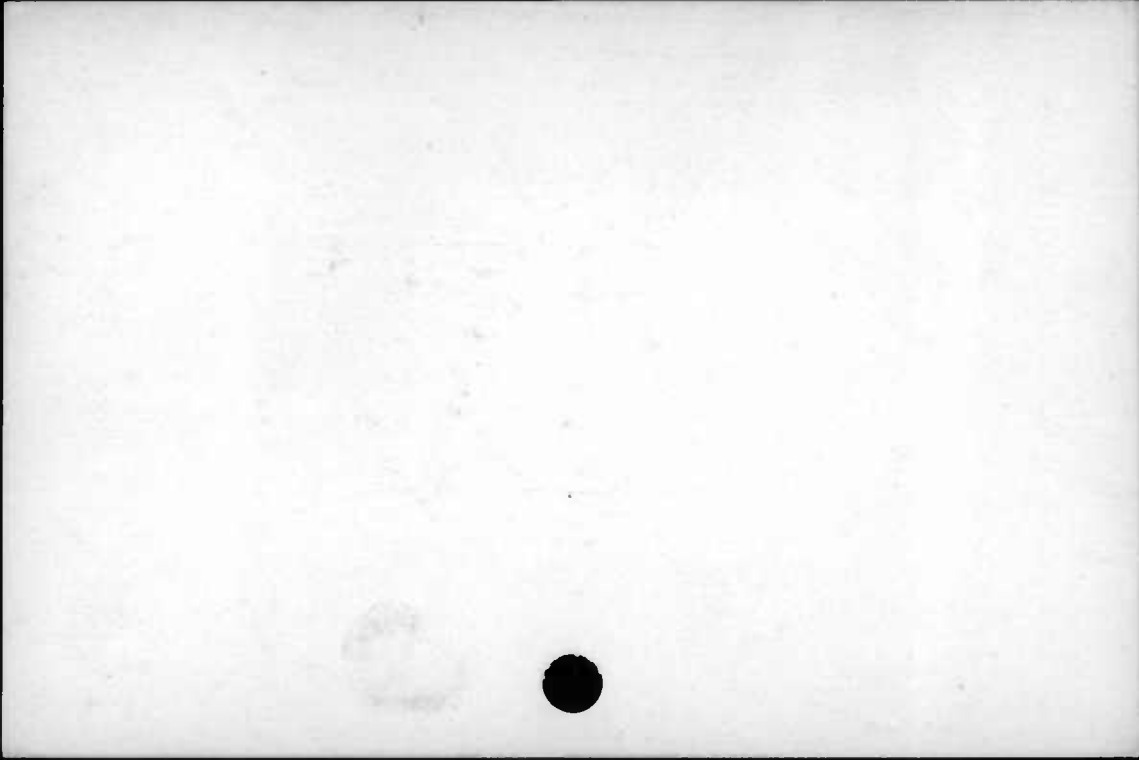
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Morrell Park		County Balt.		MARYLAND	
Date of death		1905	Month Dec.	Day 22	Age —	Years —	Months —
Sex male		Color or Race White		Birth- place Balt Co.		Days 24	
Occupation Infant				Where Residing if not at place of death —			
Married, Single or Widowed				Name of Wife or Husband —			
Father's Name George W. Simmout				Father's Birthplace Balt. Md.			
Mother's Maiden Name Ellen Pessilla Heurickle				Mother's Birthplace Balt. Md.			
Name of person giving In formation —				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Signature of Physician <i>Frank H. R. Pugh</i>	
Address <i>Lawsonville Md</i>	
Accident or Suicide? <i>—</i>	



Name
in
Full

Aunie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec.</i>	Day <i>8</i>	Age <i>14</i>	Years	Months <i>7</i>	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Balt. Co. Md</i>				
Occupation <i>at home</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James Smith</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Jennie Fox</i>		Mother's Birthplace <i>Fred. Co. Md</i>					
Name of person giving information <i>Jennie Smith</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Relapsing Typhoid fever</i>	How long <i>3 weeks.</i>
Immediate <i>Hypertrophic Cirrhosis & Exanthema.</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lansdowne Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Charlotte Alice Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		Dec	19	7	3	5	19
Sex		Color or Race		Birth-place			
Female		white		No			
Occupation				Where Residing if not at place of death			
				Govanstown			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Thomas Smith		England					
Mother's Maiden Name		Mother's Birthplace					
Mary Dean		No					
Name of person giving information		How related to deceased					
Miss Elizabeth H. Smith		sister					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	arterio-sclerosis, Hypertrophy of brain	3 years
	Immediate	How long
	Heart-failure	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		J. H. Hocking
		Address
		Sta 11, Baltimore Md
Accident or Suicide?		

Doctor! Kindly grant
permit for interment in
Green Mt Cemetery,
funeral Thursday Morning
Yours Respectfully
Stewart & Mowen
Dec 19th/05

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Grace L M Smith

MARYLAND

Died at ^{Town} *Entaw Heights* ^{County} *Balto*Date of death ^{Month} *Dec* ^{Day} *7* ^{Years} *18* ^{Months} *3* ^{Days} *5*Sex *Female* Color or Race *White* Birth-place *Baltimore*Occupation *Saleslady* Where Residing if not at place of death *Gardenville*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *James M. Smith* Father's Birthplace *England*Mother's Maiden Name *Ellen E. Frozier* Mother's Birthplace *3rd*Name of person giving information *James M. Smith* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary tuberculosis* How long *3 months*Immediate *Asihemia* How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *S. L. Magness*Address *1244 N. Gay St*Accident or Suicide? *No**Baltimore*

Waguess
Gay & Preston

Burial at Balto Cemetery
Dec 10/905

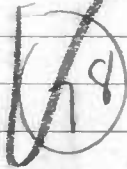
Wm Cook

Name
in
Full

Leo J. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1900	Month	12	Day	14	Age	17
Sex	Male		Color or Race	White		Birth-place	America
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>acute Sudo corditis & Folliculitis</i>	How long
Immediate	<i>Forinitis</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		<i>Frank W. W. W. W.</i>
		Address
		<i>St. Agnes Hospital</i>
Accident or Suicide?		



Name
in
Full

Child of Wm & Margaret Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death	1905	Month 12	Day 19	Age	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Baltimore
Occupation	none			Where Residing if not at place of death		Eastern Ave 8th	
Married, Single or Widowed		-		Name of Wife or Husband		-	
Father's Name	Wm Smith				Father's Birthplace	Baltimore	
Mother's Maiden Name	Margaret Moerschell				Mother's Birthplace	" "	
Name of person giving In formation	Wm Smith				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	7 Mos.
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Caroline Betz
		Address	Midwife 916 E. Lombard
Accident or Suicide?			

5th Ver. Ry. Com.
J. Herwig & Son

Name
in
Full

William H. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Brightside* ^{County} *Baltimore* **MARYLAND**

Date of death *1905* ^{Month} *12* ^{Day} *25* ^{Years} *51* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Bald. Co*

Occupation *Laborer* Where Residing if not at place of death *Mt. Washington*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George Smith* Father's Birthplace *Ind*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Ed. Ensor* How related to deceased *Son in Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Rail Road Accident (Run Over)* How long *—*

Immediate *Shock & Loss of Blood* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. Burdett Johnson* Address *Pikes, Md.*

Accident or Suicide? *—*

Greenwood Cemetery
Jacob H. Kibbel

Name
in
Full

CERTIFICATE OF DEATH

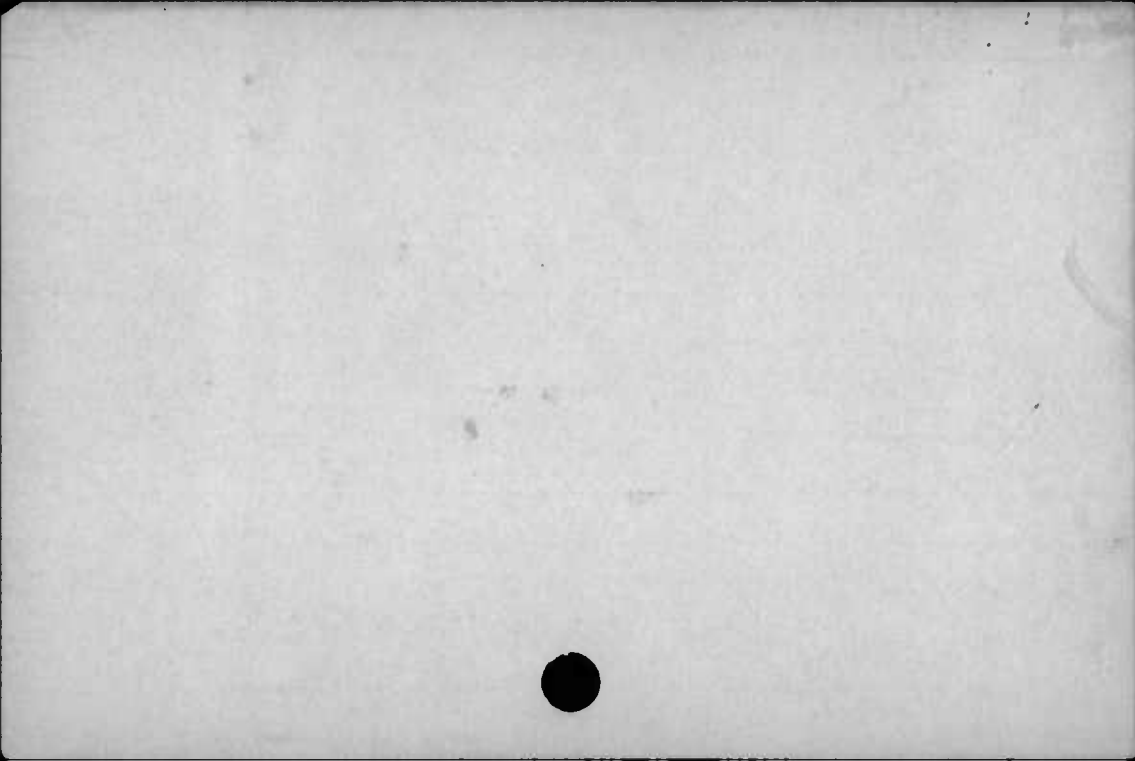
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Sealman</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Baltimore</i>		Month <i>December</i>		Day <i>3rd</i>		Age <i>39</i>	
Date of death <i>1905</i>		Month <i>December</i>		Day <i>3rd</i>		Age <i>39</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>7</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name or Wife or Husband <i>George Sealman</i>					
Father's Name <i>John Fasbinder</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Henry Sealman</i>		How related to deceased <i>Brother-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonic Tuberculosis</i>	How long
Immediate <i>Cardiac Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Buppert</i>
	Address <i>Rocky Mt. Co. Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mr Kate Stauffer</i>		Town <i>Woodlawn St</i>		County <i>Salts</i>		MARYLAND	
Died at <i>Woodlawn St</i>		Month <i>2</i>		Day <i>22nd</i>		Years <i>48</i>	
Date of death <i>1902</i>		Month <i>2</i>		Day <i>22nd</i>		Age <i>48</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Baltimore</i>			
Occupation <i>house work</i>		Where Residing if not at place of death <i>Woodlawn St</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Clinton Stauffer</i>					
Father's Name <i>John Gerhard</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Elizabeth Gerhard</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Clinton Stauffer</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Carcinoma of Uterus</i>	How long <i>4 years</i>
	Immediate <i>urine portation & General debility</i>	How long <i>10 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn St Md.</i>	
Accident or Suicide? <i>—</i>		

Jos. B. Cook.

Woodlawn. Conn

Dec 25/1905.

Name
in
Full

Henry Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Moree Park		County Baltimore		MARYLAND	
Date of death	1905	Month Dec	Day 16	Age 61	Years	Months 8	Days 25
Sex	Male		Color or Race	White		Birthplace	Howard Co Md
Occupation	Engineer			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Gevering Stevens				Father's Birthplace	Md	
Mother's Maiden Name	Mary Ellen Cave				Mother's Birthplace	Md	
Name of person giving information	Mrs Laura V. Hoffman				How related to deceased	niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic interstitial nephritis -	How long	5 wks
Immediate	Heart disease	How long	5 wks.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. S. McKiffer	
Address		Moree Pk Baltimore Md.	
Accident or Suicide?			

Western Cem:

Job B Cook

Name
In
Full

Mrs Annie H. Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fellowship</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>1</i>	Age <i>65</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Porkmouth Va</i>				
Occupation <i>Wife</i>	Where Residing if not at place of death <i>At home</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Washington Stevenson</i>						
Father's Name <i>Mr Gatch</i>	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name <i>M</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>10 years</i>
Immediate <i>La Grippe</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. Massenburg</i>
	Address <i>Faaron</i>
Accident or Suicide?	

E. Madison Mitchell

Prospect Hill

Pawson

Name
in
Full

(Stone), Charles W.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Leathersville^{County} Baltimore

Date of death 1905 Dec 7

Age 61 ^{Years}

Months

Days

Sex Male

Color or
Race

white

Birth-
place

Md

Occupation Painter

Where Residing if not
at place of death

X

Married, Single or Widowed Married

Name of Wife or
Husband

X

Father's
Name

<

Father's
BirthplaceMother's
Maiden Name

X

Mother's
BirthplaceName of person giving
In formation

<

How related
to deceased

CAUSES OF DEATH

Primary

Epileptic Insanity

How long

25 yrs.

Immediate

Status Epilepticus

How long

7 yrs.

Are the name, age, sex, color, date
and place correctly given above?

No

Signature of
Physician

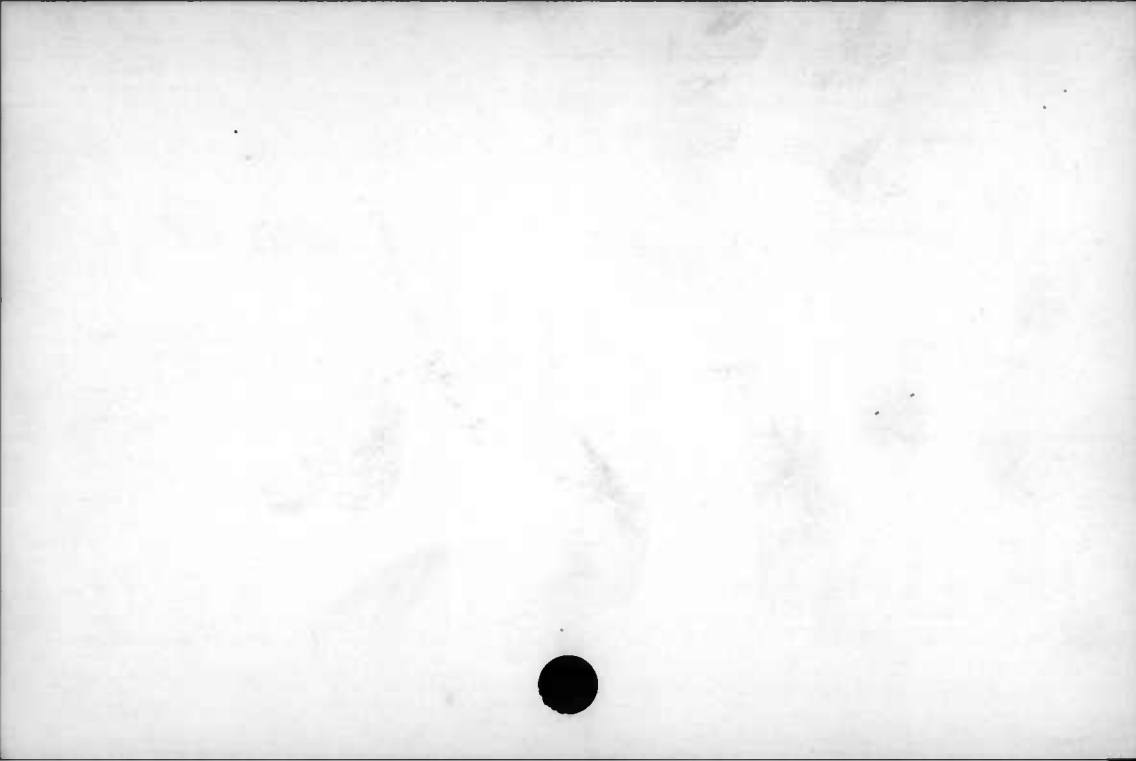
Address

J. H. Wade

Leathersville, Md

Accident or Suicide?

yes



Name
in
Full

CERTIFICATE OF DEATH

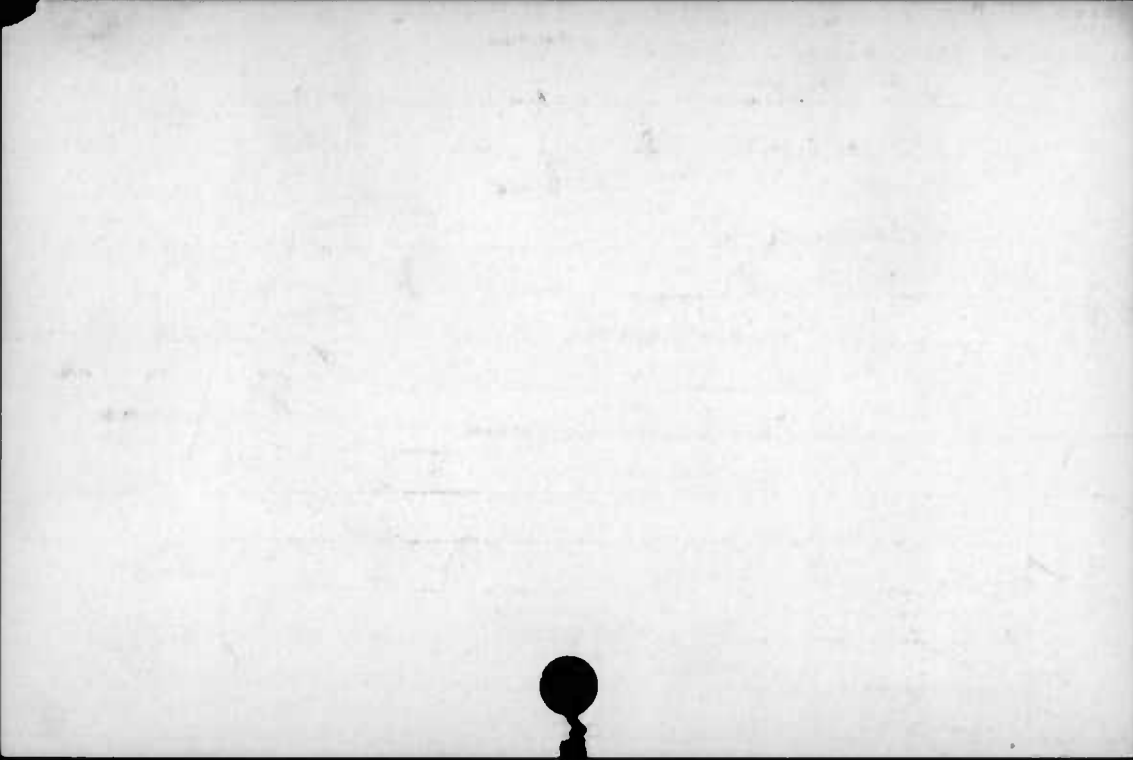
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Hope Retreat</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	Dec	Day	15	Age	77
Sex	Male		Color or Race	White		Birth-place	Germany
Occupation	Whip maker			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	—
Immediate	<i>Post Hemiplegia and Convulsions</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. B. Gussor M.D.</i>
		Address	<i>Int Hope Inst</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Rudolf Thorsen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Month</small>	<u>Dec.</u> <small>Day</small>	<u>13</u> <small>Age</small>	<u>45</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Norway</u>
Occupation	<u>Steward</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Not Known</u>		
Father's Name	<u>Not Known</u>			Father's Birthplace	<u>Not Known</u>
Mother's Maiden Name	<u>"</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>M. Amussen</u>			How related to deceased	<u>—</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart failure</u>	How long	<u>19</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician or Coroner	
<u>yes</u>		<u>Coroner John G. Muelly</u>	
		Address	
		<u>509 N. Clinton st</u>	
Accident or Suicide?			
<u>2</u>			

Mt Carmel Ranch
H. Sander & Sons

Name
in
Full

Mrs May W. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Eudowood Hospital* ^{County} *Balto*

MARYLAND

Date of death *1905* Month *12* Day *28* Age *33* Months DaysSex *Female* Color or Race *white* Birth-place *Balto*Occupation *House Wife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Wife Mc Guinness* How related to deceased *None*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *1 1/2 years*
Immediate *Exhaustion* How long *3 mos.*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

W. A. Jarrett
*Towson, Md*Accident or Suicide? *No*PHYSICIAN
OR CORONER

Lewis T. Schaefer.

London Park.

Name
in
Full

Katie Prager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town 41 st + Pratt St.		County Baltimore		MARYLAND	
Date of death		Month Dec.		Day 15		Age 5	
Sex Female		Color or Race White		Birth- place Balt. Co.		Days 9	
Occupation None				Where Residing if not at place of death C			
Married, Single or Widowed Single		Name of Wife or Husband C					
Father's Name Chas. J. Prager				Father's Birthplace Germany			
Mother's Maiden Name Rosa and Tolson				Mother's Birthplace Balt.			
Name of person giving Information Chas. J. Prager				How related to deceased Father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	3 mos.
Immediate	Exhaustion	How long	17a
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. C. Thiery M.D.	
Yes		Address 1135 Highland Ave Baltimore Md	
Accident or Suicide?			

1st Evangelical Sem.

H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

Mary Trager

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Dec</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <small>Years</small>	<i>5</i> <small>Months</small>	<i>13</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles J. Trager</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Rosana Tolson</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Charles J. Trager</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>G. C. Thieme M.D.</i>
	Address <i>1135 Highland Ave</i>
Accident or Suicide?	

~~Thence M.S.~~

~~Highland Ave near Gough!~~

1st Evangelical Sem

H. Sander & Sons

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Mary Josephine Trusty
Catonsville Baltimore

Date

of death

1905 Dec

Day

20

Age

Years

42

Months

—

Days

—

Sex

Female

Color or
Race

Balanced

Birth-
place

Bridgeport Conn.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of ~~Wife~~ or
Husband

George Trusty

Father's
Name

—

Father's
BirthplaceMother's
Maiden Name

—

Mother's
BirthplaceName of person giving
information

George Trusty

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

6 days

Immediate

Asthma

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

D. W. Stultz M.D.
Catonsville Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hen White* Town *Hall*County *Balto*Date
of death *1905*Month
*12*Day
*2*Age
64

Years

Months

Days

Sex *Male*Color or
Race*white*Birth-
place*Stanford*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Olata Way*Father's
Name*Geo. Way*Father's
Birthplace*Danford*Mother's
Maiden Name*Oster Witcher*Mother's
Birthplace*Danford*Name of person giving
Information*Caroline Way*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Rheumatism Muscles

How long

2 mos

Immediate

Paralysis

How long

*1 week*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. Ross Payne*

Address

Corbett

Accident or Suicide?



Name
in
Full

Coleman Welch

12/8/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1901	Month	<i>Dec</i>	Day	<i>12</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Age	<i>About 40</i>
Occupation	<i>Railroad helper</i>		Birth-place	<i>Ireland</i>	
Where Residing if not at place of death			<i>Bridge & Howard Co</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			<i>Maggie Welch</i>		
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Struck by train near Baltimore</i>	How long	<i>Instantly killed</i>
Immediate	<i>Accident</i>	How long	<i>(M.D.P.)</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Coroner R C Clarke</i>	
		Address	
		<i>St Denis Md</i>	
Accident <i>on bridge?</i>			

Carew & Gill
Elkridge

Name
in
Full

Elizabeth Werner

CERTIFICATE OF DEATH

Died at ^{Town} *Lanraville*

^{County} *Balto*

MARYLAND

Date of death *1905 December*

Month *14th*

Day *6* Years *5*

Months *6*

Days *18*

Sex *Female*

Color or Race *White*

Birth-place *Germany*

Occupation *Housewife*

Where Residing if not at place of death *Ailsa one + Harford Rd Lanraville*

Married, Single or Widowed *Widow*

Name of ~~Wife~~ Husband *August Werner (Deceased)*

Father's Name *Not Known*

Father's Birthplace *Germany*

Mother's Maiden Name *Not Known*

Mother's Birthplace *Germany*

Name of person giving information *Harry Werner*

How related to deceased *Son*

CAUSES OF DEATH

Primary *Cardiac trouble + Arteriosclerosis*

How long

Immediate *Loss of Compensation*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

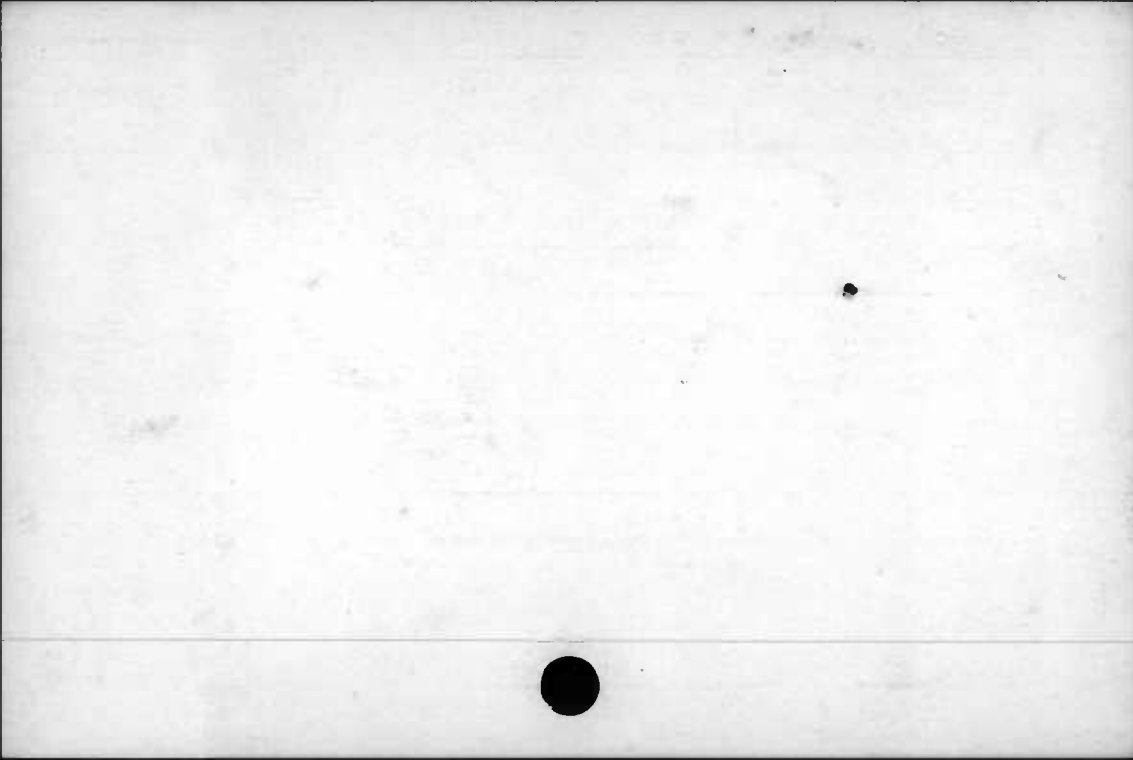
Signature of Physician *Wm. T. S. Whitford*

Address *Parkville Ind.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

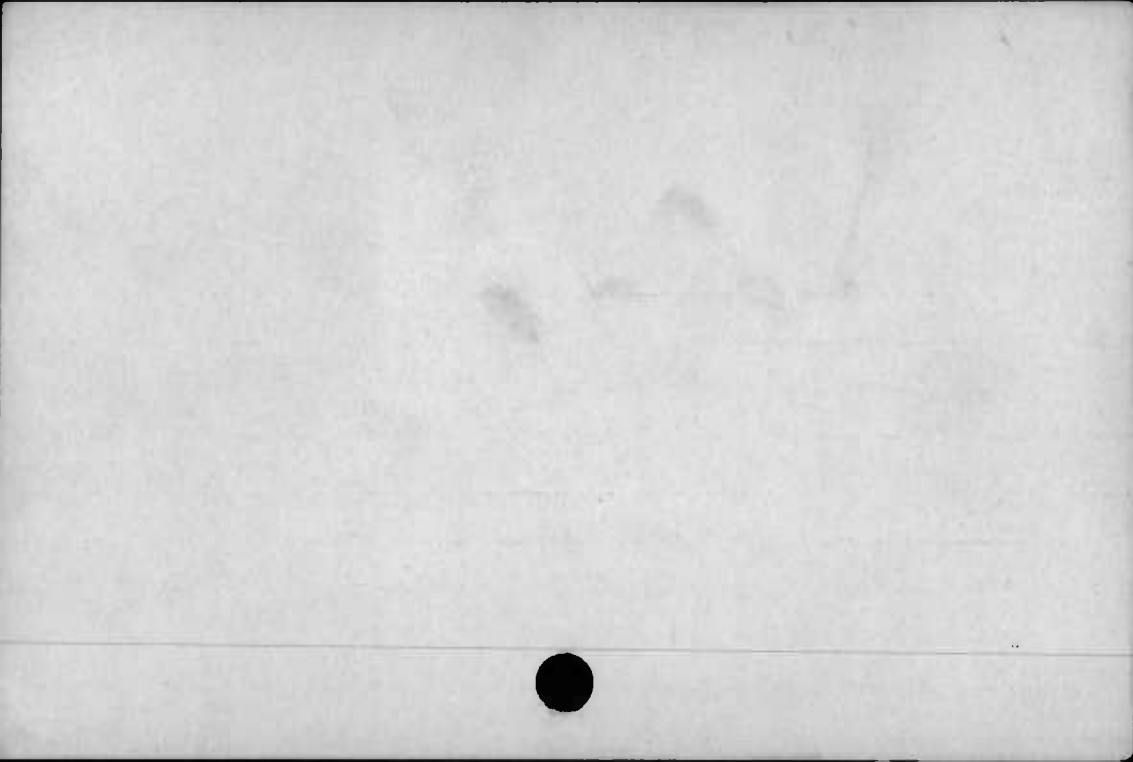
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Randalltown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>December</i>	Day	<i>dont know</i>
Age		<i>about 45</i>		Years	<i>Unknown</i>
Sex		<i>Male</i>		Color or Race	<i>Cal.</i>
Occupation		<i>Laborer</i>		Birth-place	<i>Dont know</i>
Where Residing if not at place of death		<i>Dont know</i>			
Married, Single or Widowed	<i>dont know</i>		Name or Wife or Husband	<i>Dont know</i>	
Father's Name	<i>dont know</i>			Father's Birthplace	<i>Dont know</i>
Mother's Maiden Name	<i>Dont know</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Leroy Christ</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Exposure and natural cause</i>		How long	<i>dont know</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>H. J. Kett W. H.</i>
			Address	<i>Roslyn. Ind.</i>
Accident or Suicide?				



Name in Full Unknown (M.D.P.)		County Accomack		CERTIFICATE OF DEATH	
Died at m Frederick Pike		Town Accomack		MARYLAND	
Date of death 1905		Month Dec		Day 12	
Age 35?		Years 35?		Months 	
Sex Male		Color or Race White		Birth-place 	
Occupation 		Where Residing if not at place of death 			
Married, Single or Widowed 		Name of Wife or Husband 			
Father's Name 		Father's Birthplace 			
Mother's Maiden Name 		Mother's Birthplace 			
Name of person giving information 		How related to deceased 			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div>					
Primary Cause Came to His death by Pistol		How long 			
Immediate Cause Fired by his own hand.		How long 			
Are the name, age, sex, color, date and place correctly given above? 		Signature of Physician William C. Vaghe			
		Address Calonsville Md			
Accident or Suicide? 					

